



CBIZ Payroll
Pre-signed Check Signature Setup Form
Revised 08.12.10

Client ID		CBIZ Payroll use only
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Client Name _____

USE BLACK INK ONLY

Please place signature within the box below. Please do not allow any part of the signature to touch the border of the box.

Single Signature Checks

***Please do not allow signature to touch border**

Double Signature Checks

***Please do not allow signature to touch border**

*****Please forward this completed form back to CBIZ Payroll.***

Mail to: CBIZ Payroll
ATTN: Client Conversion Signature
2797 Frontage Road, Suite 2000
Roanoke, VA 24017