

Check Signing Authorization

- I. The undersigned client (“Client”) hereby authorizes Payroll Partners, Inc. (“SERVICE BUREAU”) to implement and utilize the facsimile of a computerized signature image to make an impression upon each payroll check prepared for the Client. Although SERVICE BUREAU will take precautionary procedures to help ensure the proper use of Client’s computerized signature image, Client must check the validity and accuracy of all checks and reports prepared by SERVICE BUREAU.

- II. Client shall pay SERVICE BUREAU a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU’s thirty (30) day written notification.

- III. SERVICE BUREAU shall incur no liability for loss or damage sustained by Client as the result of, but not limited to, inappropriate or incorrect use of the computerized signature image or the checks said image is prepared on unless a SERVICE BUREAU employee causes damage as a direct result of fraudulent or dishonest activity, and said SERVICE BUREAU employee acts without the involvement or support of Client or Client’s employees or representatives. Client must also make any claim relating to the fraudulent or dishonest activity by a SERVICE BUREAU employee within (45) days of the date on the check in question. Otherwise, claims made after the (45) days will not be paid. All damages or loses not covered by this Agreement remains Client’s liability, and in no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney’s fees.

- IV. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for SERVICE BUREAU to act on such a revocation.

- V. This Agreement is entered into and shall be performed in the County of _____, State of _____. Venue for any action to enforce or construe this Agreement shall be proper only in the County of _____, State of _____.

Printed or Typed Name and Title

Company

Signature

Date

Client Number

Please sign inside the appropriate box using a thick, sharp black ink pen and stay within the boxes.

<p>Single Signature</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px dashed black;"></div> </div>	<p>Double Signature</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px dashed black;"></div> </div>
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Please repeat signature(s) in the appropriate box below:

<p>Single Signature</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px dashed black;"></div> </div>	<p>Double Signature</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px dashed black;"></div> </div>
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