

Columbia EDP Center, Inc.  
Laser check signature form

Client ID Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Please sign below within the boundaries marked below. Please make sure to sign three times as indicated. With double signatures, please be sure that BOTH signatures are done three times. To be assured of a clear signature, please sign as neatly as possible.

Single Signatures                      OR                      Double Signatures  
Please sign three times within the marks below.


Please do not fax these signatures to us. Please send original copies.