



## Laser Check Signature Form

- I. **The undersigned client ( "Client") hereby authorizes Southland Data Processing, Inc. (Southland") to implement and utilize the facsimile of a computerized signature image to make an impression upon each payroll check prepared for the client and for any Tax Agencies requiring a "wet" signature. Although Southland 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 Southland.**
  - **When computerized signature is used on a Power of Attorney form for tax agencies to expedite resolution for tax notices; Client shall be notified of this action and a copy of the form signed using the computerized signature will sent to the client via primary email contact on record.**
- II. **Southland 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 Southland employee causes damage as a direct result of fraudulent or dishonest activity, and said Southland 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 Southland 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 Southland be liable for any incidental, consequential, special or punitive damages, penalties or attorney's fees.**
- III. **This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for Southland to act on such a revocation.**
- IV. **This Agreement is entered into and shall be performed in the County of San Bernardino, State of California. Venue for any action to enforce or construe this Agreement shall be proper only in the County of San Bernardino, State of California.**

Company Name \_\_\_\_\_ Co Code: \_\_\_\_\_  
 Print or Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ First check Date Needed \_\_\_\_\_  
 Today's Date \_\_\_\_\_

\*\*\*Please sign within the box, if double signatures, one signature above the other. Please use thick, sharp black ink. Please try to stay away from the borders.

**Single Signature**

**Double Signature**


