

CHECK SIGNATURE AGREEMENT

This Check-Signature Agreement will allow ASAP Accounting & Payroll, Inc. to place a scanned copy of your signature on to your payroll or vendor payment checks so they print pre-signed. Use it all the time or provide to ASAP just for use when you need to get away for a well-deserved vacation. Please keep in mind, use of pre-signed checks does not release you from the responsibility to inspect such checks to determine their accuracy.

1 As of _____ day of _____, by and between _____ (the "COMPANY") and ASAP Accounting & Payroll, Inc. "ASAP".

2 Please check boxes acknowledging you agree to the following:

___ ASAP is hereby authorized by COMPANY to place my signature on checks using scanning methods to incorporate COMPANY'S signature into ASAP's systems for such purposes.

___ COMPANY acknowledges full responsibility for the inspection of such signed checks to determine their accuracy before releasing them to payees.

___ COMPANY understands ASAP provides various options to review payments during various stages of the payment process including, but not limited to preprocess reports, post-payroll reports delivered via email or in person, vendor payables reports and/or physical copies.

3 Authorized Signer Name: _____

Title: _____

X _____ Date: _____

In order for ASAP to successfully scan a signature for use; please place your signature into the box below using black pen and taking precaution to stay within the lines.

4 Signature Box for Scanned Image:

5 Please return signed agreement to ASAP Accounting & Payroll, Inc. in person or via email, fax: 970-728-6848 or secure upload located at footer of www.businessASAP.com