

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Directions for use:**

1. Sign in all three (3) boxes below.
2. Indicate your preferred signature by checking the box next to ONE of them.
3. Write your return mailing address in the "FROM" section to the left.
4. Fold where indicated so form fits in the provided envelope.
5. Mail.

**FlexChecks, Inc.  
PO Box 141215  
Grand Rapids, MI 49514-1215**

\_\_\_\_\_ Fold

Fold \_\_\_\_\_

## **FlexChecks, Inc. MICR Check Signature Form**

**Company Name:** \_\_\_\_\_ **Code:** \_\_\_\_\_

Sign your name within the borders of the three boxes below with a BLACK felt-tip pen, and select the preferred signature to be scanned. **The signature may not extend past or touch the edges of the box.**

Preferred Signature  
(Select One)

\_\_\_\_\_ Fold

Fold \_\_\_\_\_

**1**

**2**

**3**