

CHECK SIGNATURE FORM ~ for SMART Checks

Calhoun Intermediate School District ~ Dept. of Technology

District: _____

Contact Name: _____

Contact Email Address: _____

Address to Return Disk To: _____

Application(s): SMART CYBORG CHECKS SMART AP CHECKS BOTH

Name: _____

Name: _____

Sign full signature(s) in the box below. If 2 signatures are required, BOTH must fit in the same box! All signatures must fit **within the boundaries** of the box. Anything **outside** of the box will be **cut off**.

Check one:

- Diskette
- CD

Use a black roller ball or felt-tip pen. **Do not use blue ink.**

Send original to: Joy Sommers, Finance Consultant
Calhoun ISD - Dept. of Technology
450 North Avenue
Battle Creek, MI 49017

Office Use

Scanned by: _____ Date: _____

Consultant: _____