

# Windsor Management Group

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TO: Signature File Users – Gadsden Independent School - Garcia

DATE:

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This form will serve to verify the receipt and proper operation of the signature file on disk. Please carefully review the contents of the enclosed disk. **Call immediately if there are any problems with the operation of the disk.**

As is our policy, we will destroy both the paper with the original signature as well as our copy of the file upon receipt of this form. If we have not received this form within 30 days, we will assume the contents of the disk are correct and operational and consequently, will destroy the copies that we keep locked up.

Please sign and return this form within **30 days** of the mailing date. **The signature must be that of the person on the signature file for verification purposes.**

Thank you for your prompt attention to this matter.

District Name: Gadsden Independent School

Signature Name: \_\_\_\_\_

Signature: ✓  
(Please sign)

Date:    /   /

## SIGNATURE SAMPLES

Use this Signature Sample Form to submit signature samples that will be used on purchase orders, accounts payable checks, and payroll checks. Please have the person(s) authorized to sign purchase orders and/or checks sign his/her name(s) in *each* of the boxes below.

If you require two signatures on your checks (for example, on payroll checks), have *both* authorized signors sign *within* each box, press firmly using a **BLACK PEN** only to ensure a clear scan.

Please assure the signature fits within each box and does not cross over any lines.


Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

District: \_\_\_\_\_

Please MAIL this form to:

**Windsor Management Group**  
**Attn.: Cathy Bruning**  
**8950 S 52<sup>nd</sup> St. Suite 309**  
**Tempe, AZ 85284**