

# New Client Set Up Form

## Client Information



### Business Information

Company Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
DBA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owner's Name(s): \_\_\_\_\_  
Authorized Payroll Contact(s): \_\_\_\_\_ E-mail Address(s): \_\_\_\_\_ CPA Name \_\_\_\_\_  
CPA Phone \_\_\_\_\_

4 Dabilis Avenue, Tyngsboro, MA 01879  
Office: 978-649-3777 eFax: 866-677-4222  
www.paypluspayroll.com

## Payroll Schedule Details

### Payroll Schedule Details

Frequency:  Weekly  Bi-weekly  Semi-monthly **Pay Day:**  Sun  Mon  Tue  Wed  Thur  Fri  Sat

Pay Period Begins:  Sun  Mon  Tue  Wed  Thur  Fri  Sat **Pay Period Ends:**  Sun  Mon  Tue  Wed  Thur  Fri  Sat

First Pay Date (Day of week, month, date, year): \_\_\_\_\_ **First Pay Period** (Day of week, month, date, year): \_\_\_\_\_

If Semi-Monthly (twice per month): 1<sup>st</sup> Period begins on the month \_\_\_\_\_ 1<sup>st</sup> Period ends on the month \_\_\_\_\_ 1<sup>st</sup> Pay is \_\_\_\_\_  
2<sup>nd</sup> Period begins on the month \_\_\_\_\_ 2<sup>nd</sup> Period ends on the month \_\_\_\_\_ 2<sup>nd</sup> Pay is \_\_\_\_\_

If Monthly (once per month): 1<sup>st</sup> Period begins on the month \_\_\_\_\_ 1<sup>st</sup> Period ends on the month \_\_\_\_\_ 1<sup>st</sup> Pay is \_\_\_\_\_

If check date falls on a HOLIDAY, move to:  Previous business day  Next business day

If check date falls on a Saturday/Sunday, move to:  Previous business day (Friday)  Next business day (Monday)

Do you process special payrolls outside of your normal payroll schedule?  Yes  No

Reporting Payroll:  Call-in  Fax  E-mail  Swipe Clock  Online  Remote  Auto Pay

### Miscellaneous

Do you require General Ledger Account Information for payroll reporting? (If yes, please provide your GL Account information):  Yes  No

Does your company utilize Location Designations? (If yes, please provide):  Yes  No

Does your company utilize Departments? (If yes, please provide):  Yes  No

Is company Going GREEN? (no shipping charges and save up to 5% on payroll)  Yes  No

## Banking Information

**Bank Account Information** Bank Name \_\_\_\_\_ Contact / Phone \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Bank Fraction \_\_\_\_\_

Primary: (Paychecks / Direct Deposit) \_\_\_\_\_

Starting Check Number for first payroll: \_\_\_\_\_

**Tax Information**

What is your current Deposit Schedule determined by the IRS?

Semi-weekly

Monthly

Quarterly

Are you required to file Form 944?

Yes

No

**State Tax Information**

**Income Tax Withholding ID**

**Payment Frequency**

**Unemployment Tax ID**

**Unemployment % Rate**

Tax State 1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax State 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax State 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax State 4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Compensation**

**Compensation Details** (Type of compensation, which do you pay? Check all that applies.)

Hourly     Overtime     Double time     Salary     Bonus     Commission     Vacation     Sick     Personal     Paid Time Off

Holiday     Bonus     Bereavement     Jury Duty     Maternity     On Call     Incentive     Cash Tips     Mileage

Other \_\_\_\_\_     Other \_\_\_\_\_     Other \_\_\_\_\_     Other \_\_\_\_\_

**Time Off Accrual Setup**

**Time Off Accrual Setup** (General Time Off Setup on New Hires, provide a copy of your time off policy)

What do you call this TIME OFF?     Vacation Pay     Sick Pay     Paid Time Off     Other \_\_\_\_\_

When eligible for TIME OFF?     Date of Hire     90 Day Probation     One Year     Other \_\_\_\_\_

Do you have a use or loose?     Yes (if YES, when)     Anniversary Date     Effective Date     Specific Date: \_\_\_\_\_

**Accrual Calculation** (Use this section only if you accrue time off)

Fixed Amount – Paid & Unpaid Active Employees     Fixed Amount – Paid, Employees Only     Hours WORKED     Hours PAID     Dollars Paid

Pay Period     Bi-Weekly     Semi-Monthly     Monthly     Quarterly     Semi-Annual     Annually

Minimum Hours an employee must have before we start to accrue: \_\_\_\_\_ Maximum Hours to be included for accruals: \_\_\_\_\_

Maximum Hours an employee can have available at any time: \_\_\_\_\_ Maximum Hours we will accrue in one year: \_\_\_\_\_

**Employee Deductions / Retirement and Pension Plans**

- 401 (K) Plan     403(b)     Simple IRA     Other: \_\_\_\_\_     Employer Matching     Safe Harbor Plan  
 Deduction Frequency:     Every Pay     Twice Per Month     Once Per Month     Special  
 Deduction Amount Per Pay:     Fixed Amount     Percentage of Gross Pay     Varies     Pre-tax     Post Tax  
 Tax Consideration:     Pre-tax (Fed Only)  
 PayPlus generate a check for this deduction?     Yes     No    If yes, provide Agency name and address: \_\_\_\_\_

**Employee Deductions / Health Insurance and Cafeteria Plans**

- Health     Dental     Vision     Life     AFLAC     Accidental     Cancer     Supplemental     Other \_\_\_\_\_  
 Deduction Frequency:     Every Pay     First 28 Days     Once Per Month     Special  
 Deduction Amount Per Pay:     Fixed Amount     Percentage of Gross Pay     Varies     Pre-tax     Post Tax  
 Tax Consideration:     Pre-tax (Fed Only)  
 PayPlus generate a check for this deduction?     Yes     No    If yes, provide Agency name and address: \_\_\_\_\_

**Employee Deductions / Garnishments and Levies**

- Child Support 1    State \_\_\_\_\_     Fixed Amount     Percentage of Gross Pay     Varies  
 Child Support 2    State \_\_\_\_\_  
 Child Support 3    State \_\_\_\_\_  
 Tax Levy    State \_\_\_\_\_  
 Other Levy    State \_\_\_\_\_  
 PayPlus generate a check for this deduction?     Yes     No    If yes, provide Agency name and address: \_\_\_\_\_

**Employee Deductions / Loan Payments**

- Employee Loan  
 Deduction Frequency:     Every Pay     Twice Per Month     Once Per Month     Special Occurrence  
 Deduction Amount Per Pay:     Fixed Amount     Percentage of Gross Pay     Varies  
 Tax Consideration:     Pre-tax (Fed Only) Pre-tax     Post Tax  
 PayPlus generate a check for this deduction?     Yes     No    If yes, provide Agency name and address: \_\_\_\_\_

**Payroll Delivery Information**

- Check Signature       Checks Sealed       Mail Agency Checks       Mail Employee Checks

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information on this form is used to set-up your account with PayPlus, LLC. We will also use this information to contact each of your taxing bureaus to confirm your settings. PayPlus, LLC will now act on your behalf with these taxing bureaus you have provided to us.**

**Information On You**

Your Name (Printed): \_\_\_\_\_ Your Position with the Company \_\_\_\_\_

- Are you a Director of the company?       Yes       No  
Can you bind the company in contracts or agreements?       Yes       No

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agreement made by and between PayPlus, LLC, a Massachusetts Corporation with principal offices in Tyngsboro, MA and Barnstead, NH (hereinafter referred to as SERVICE BUREAU) and \_\_\_\_\_, (hereinafter referred to as "CLIENT").

1. *Services provided.* SERVICE BUREAU shall provide pursuant to the terms of this agreement payroll processing services and CLIENT shall purchase from SERVICE BUREAU such payroll services. These services shall include a provision of payroll checks including signed checks, payroll registers and management reports including Federal, State and Local tax deposits and quarterly and year end tax reporting to the appropriate governmental authorities, and banking services including maintenance of a master payroll account, direct deposits and payment by CLIENT of bank service charges.
2. *Charges.* The fees and charges to be paid by Client to SERVICE BUREAU for these services shall be in accordance with the schedule of this Agreement.
3. *Credit.* This agreement may be considered an application for credit and authorizes SERVICE BUREAU to investigate the credit of CLIENT including vendor references, bank account status and history and personal credit.
4. *Disclaimer.* Except as specifically provided herein, there are no warranties expressed or implied, including by not limited to warranties of merchantability, or fitness for a particular purpose.
5. *Confidentiality.* SERVICE BUREAU agrees to hold in confidence all information relating to CLIENT's assets, liabilities, business or affairs which is received by SERVICE BUREAU in the course of rendering services.
6. *Payment.* Fees are subject to change on written notice. All invoices will be due in full upon presentation. Overdue accounts will accrue interest at the prime rate as published from time to time in the Wall Street Journal. In the event the account is placed for collection, CLIENT shall pay all reasonable attorney's fees and other costs of collection incurred by SERVICE BUREAU. SERVICE BUREAU reserves the right to withhold any and all work in process or records in its possession in event of a default in payment.
7. *Scheduling.* Delivery and processing schedules will be determined by the parties from time to time. Courier and/or mail services will be charged as incurred.
8. *Limitation of liability.* SERVICE BUREAU shall use due care in processing CLIENT's work, but shall be responsible only to the extent of correcting errors which are due to SERVICE BUREAU's machines, operators or programmers. In any event, SERVICE BUREAU's liability with respect to this Agreement is limited to the total charge for the service provided herein and no special or consequential damages may be recovered. SERVICE BUREAU shall not be held liable for failure to provide the services herein if due to causes or conditions beyond its control. SERVICE BUREAU shall have the right to rely on the data provided by client through whatever medium is in use or may hereafter be put into use. If the data submitted by CLIENT for processing is in anyway incorrect, incomplete, or is not in proper form, the CLIENT agrees to pay SERVICE BUREAU its standard rates in effect for any additional work performed to correct such data for processing.
9. *Indemnification.* CLIENT agrees to hold SERVICE BUREAU harmless from all loss, damages, and expenses (including reasonable attorney's fees) in connection with any claim which may arise out of or as a result of the Agreement or the performance of its terms by SERVICE BUREAU accepts both the responsibility and liability for the timely payment and report of CLIENT's payroll taxes but only based on information provided by CLIENT and only to the extent of available funds. Should SERVICE BUREAU fail to make timely payment of these escrowed funds, SERVICE BUREAU will pay whatever penalties and interest that result for the error. However, SERVICE BUREAU does not assume the liability for improper payment of taxes due to incorrect claims of tax exemptions or deductions by CLIENT or its Employees. The accuracy and integrity of the service is limited by the nature of CLIENT's input. Therefore, SERVICE BUREAU can not be held liable for CLIENT errors, wage and hour violations, sex discrimination or other employment policies which may violate the law. Numerous checks and balances are in place throughout the system. Ultimately, it is the CLIENT that must check the payroll and accuracy and reasonability. SERVICE BUREAU's responsibility will automatically terminate should CLIENT funds be insufficient or otherwise to cover the net payroll, related taxes, and processing fees. Returned check fee will be \$100.00
10. *Program Ownership.* All specifications tapes and programs utilized or developed by SERVICE BUREAU in connection with the Agreement (except those furnished by CLIENT) are and shall remain sole property of SERVICE BUREAU.
11. *Status of Parties.* SERVICE BUREAU is not an agent of CLIENT except where required for the Internal Revenue Service deposits filings, and correspondence. Should an agency relationship be found to exist it will automatically terminate upon return to SERVICE BUREAU of any check or preauthorized charge of CLIENT for insufficient funds.
12. *Applicable law.* This Agreement shall be governed by the laws of the State of Massachusetts and constitutes the entire agreement between the parties. The Agreement may be amended only in writing signed by both parties.
13. *Termination.* The Agreement may be terminated by either party upon thirty days-advanced written notice. Any person failing to provide 30 days notice as required shall be liable for continued payment of fees for 30 days after terminating the services of SERVICE BUREAU.

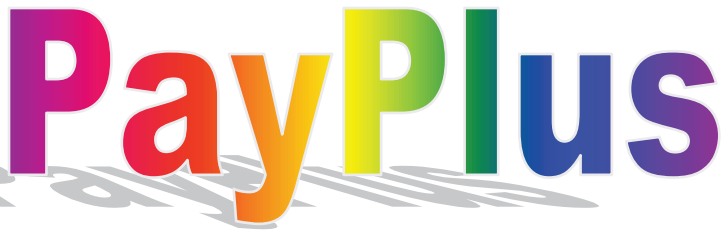
## **New Client Payroll Conversion Checklist**

1. \_\_\_\_\_ Copy of Company Check and Beginning Check Number.
2. \_\_\_\_\_ Federal ID Number from IRS.
3. \_\_\_\_\_ State Unemployment number and unemployment rate.
4. \_\_\_\_\_ Signature page (use blank ink only).
5. \_\_\_\_\_ Client Contact Information.
6. \_\_\_\_\_ Authorization Agreement for Charges.
7. \_\_\_\_\_ Employee Information (Full SS #s if working off old payroll reports).  
(Employee #, Name, Address, SS#, Filing Status, Hire Date, Wage Pay Per Period, Dept. #, etc.).
8. \_\_\_\_\_ YTD EE payroll (gross payroll to net payroll for each employee from January 1st with full tax detail).
9. \_\_\_\_\_ Copies of client quarterly reports
10. \_\_\_\_\_ Quest Login and Password information
11. \_\_\_\_\_ Power of Attorney form signed

### **OPTIONAL INFORMATION**

1. \_\_\_\_\_ Employee Direct Deposit Authorization Forms.
2. \_\_\_\_\_ Department Numbers and Descriptions.
3. \_\_\_\_\_ List of Pay Types for Employees.
4. \_\_\_\_\_ Deductions, Benefits or Adjustments.
5. \_\_\_\_\_ Third Party Payment Information (account numbers and addresses).
6. \_\_\_\_\_ Log in information if we are making any on-line 3<sup>rd</sup> party payments.
7. \_\_\_\_\_ Time clock trial or ordering information.
8. \_\_\_\_\_ Workers comp quote request.
9. \_\_\_\_\_ Aflac or Major Medical Insurance Quote

*Thank you for selecting PayPlus, LLC.*



## Authorized Agreement for Pre-Authorized Charges

As a convenience to me, I hereby requested and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of PayPlus, LLC provided there are sufficient collected funds in my account to pay such checks upon presentation. I agree that your rights in respect to each check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notification. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall have no liability whatsoever.

Bank Account Number: \_\_\_\_\_

Depositor's Name as Shown on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

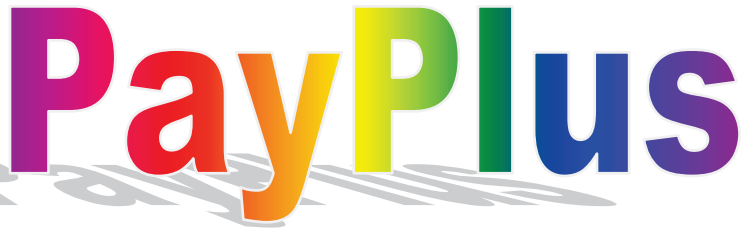
City & State: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Please sign as you sign your checks)

PayPlus Payroll, LLC  
4 Dabilis Avenue  
Tyngsboro, MA 01879  
978-649-3777

Please fax completed form to (866) 510-4180 or (866) 677-4222 (Cover Sheet is not needed)



Signature Scan

Client Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Please sign your signature, as should appear on your company's payroll checks, in the three boxes below.

Signature should not go outside of box and must be written in **BLACK INK**.

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## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date        /        /

▶ Type or print. ▶ See the separate instructions.

**Part I Power of Attorney**

**Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address <b>Leslie T. Costigan</b> <b>4 Dabilis Avenue</b> <b>Tyngsboro, MA 01879</b>	CAF No. <u>03-0116673R</u> PTIN <u>PO1428019</u> Telephone No. <u>978-649-3777</u> Fax No. <u>866-677-4222</u>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input checked="" type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
<b>Payroll</b>	<b>941</b>	<b>All Quarters 2013, 2014, 2015</b>
<b>Payroll</b>	<b>940</b>	<b>All Years 2013, 2014, 2015</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties;     Substitute or add representative(s);     Signing a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

(see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here  **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Print name of taxpayer from line 1 if other than individual

**Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer’s organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer’s immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
<b>h</b>	<b>Massachusetts</b>			



4 Dabilis Avenue  
Tyngsboro, MA 01879

Phone (978) 649-3777  
Fax (866) 677- 4222  
Fax (866) 677- 4334

Form to be completed by the **Employer only**: *Fax completed form to 866-677-4222 or 866-677-4334*

**New Hire**    or     **Employee Change**    **Effective on Check Date:** \_\_\_\_\_

Employer			
Employee Name			
Employee Address			
City / State		Zip	
Employee email			
		DOB	
Social Security #		Marital Status	

Rate of pay/period		Department		Other Pay	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Hire		Date of Termination	

Number of Withholding Allowances:	Federal		State:	
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Pay Type:	Choose one:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	<input type="checkbox"/> 1099	<input type="checkbox"/>
Frequency:	Choose one:	<input type="checkbox"/> weekly	<input type="checkbox"/> biweekly	<input type="checkbox"/> semi-monthly	

**Employer Benefits:**

Vacation:		Sick:	
Personal Time:			
401K/Simple IRA:		Employer Match:	

**Voluntary and Mandatory Deductions:**

401K/Simple IRA:	%	Co Info	
Insurance:	\$	Frequency	
Garnishment:	\$	Frequency	
Other:			

Authorized by:
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# Direct Deposit Employee Authorization

<b>Employee Name</b> _____	<b>Employer</b> _____
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I authorize PayPlus, LLC and the financial institution listed below to deposit as indicated and make adjusting entries as may be required.

For Checking Account deposits, please provide all information requested below along with a copy of a **VOIDED** check(s) attached to this form.

For Savings Account deposits, please obtain verification letter from your bank with account number and Bank routing number **NOTE:** Routing numbers are not on deposit slips for savings accounts.

\_\_\_\_\_  
Bank Name (#1)

\_\_\_\_\_  
Bank Name (#2)

\_\_\_\_\_  
Bank Account Number (#1)

\_\_\_\_\_  
Bank Account Number (#2)

\_\_\_\_\_  
Bank Routing Number (#1)

\_\_\_\_\_  
Bank Routing Number (#2)

Type of Account  Checking  Savings

Type of Account  Checking  Savings

**Please check one choice above**

**Please check one choice above**

Amount \$ **or**

Amount \$ **or**

Percentage % **or**

Percentage % **or**

Full net check

Full net check

This authorization may be cancelled by me at any time.

\_\_\_\_\_  
Employee Signature (Required)

\_\_\_\_\_  
Date

Please fax completed form to (866) 677- 4222 or (866) 677-4334 (**Cover Sheet is not required**)