



New Client Services Agreement & Setup Instructions

Hello! We're very excited you've decided to begin working with our team here at PayPlus. Enclosed, we're including all the items that we'll need to accurately and efficiently set you up to run payroll.

All New Clients need:

	Completed & Signed New Client Services Agreement (this document) <i>This includes information about your business, you and how you want to run payroll</i>
	An official document (tax return, letter from IRS) with your federal tax ID number on it <i>We like to confirm your EIN is correct so we are using accurate information for filings & payments</i>
	A voided check for your company checking account where funds will be withdrawn <i>To verify we are withdrawing funds from the correct account for your business</i>
	Form 8655 Reporting Agent Authorization form <i>So we can file your returns electronically and speak with the IRS if necessary</i>
	A signed Direct Deposit Authorization Agreement <i>So we can transfer funds to your employees</i>
	New Employee Information for all of your employees <i>Either in spreadsheet format (preferred), our new employee paperwork</i>

If you're converting from another payroll processor or in-house mid-year, please include:

<i>If you have online access to your previous payroll provider or were processing payroll in-house, we're happy to log in to retrieve this information on our own. We will need your credentials.</i>	
	Payroll Registers, including all gross wages, employee and employer taxes and deductions, broken down by quarter, since January 1 of the current year. <i>So we can issue accurate W2s at year end</i>
	Employee information for any employees who may no longer work for you but you've paid in this calendar year. <i>We will need to issue W2s at year end, so we will need all of their employee info as well.</i>
	Copies of your Quarterly reports that were filed for each quarter this year. <i>This includes 941 forms, state withholding and state unemployment returns. We need these so we can verify totals are correct and ensure there are no errors with year-end processing.</i>

Next Steps

- Once we've received a full and complete package, we will begin the setup process. This process may take up to seven days to complete.
- We will complete a banking verification by depositing and withdrawing a small amount from your business checking account. Please be on the lookout for these transactions. We will contact you to let you know when to expect them. We will not be able to process payroll until this step has been verified.
- We will schedule a portal (Employer On the Go) training (if applicable) and kick off call with your Payroll Specialist letting you know how to process payroll going forward.



New Client Services Agreement

Entity Information

Legal Company Name: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Company Phone Number: _____

Company Website: _____

Business Description: _____

Federal Tax ID #: _____ State Withholding ID #: _____

State Unemployment ID #: _____ Unemployment Rate: _____

MA PFML Withholding ID# (MA employers only): _____

We are a new business. Please sign us up for State Withholding & Unemployment Accounts for an additional \$50 fee per account.

If used for payroll, list locations and departments

Type of Entity

Owner & Other Contacts

Owner/Officer Information

Primary Owner/Officer: _____

Title: _____ Cell Phone: _____

Email: _____

SS #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Ownership: _____%

Home Address: _____

Home City: _____ Home State: _____ Home ZIP: _____

Secondary

Owner/Officer: _____

Title: _____ Cell Phone: _____

Email: _____

SS #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Ownership: _____%

Home Address: _____

Home City: _____ Home State: _____ Home ZIP: _____

Additional Payroll Contact:

Title: _____ Phone Number: _____

Email: _____

Authorized Contacts

Accountant Name: _____

Accounting Firm: _____

Phone Number: _____ Email: _____

Bookkeeper Name: _____

Bookkeeper Firm: _____

Phone Number: _____ Email: _____

Company Checking Account Information - *Please Include a Voided Check*

Bank

Name: _____

Routing Number _____ Account # _____

Starting Check Number for First Payroll: _____

Tax Deposit Schedule

Federal Tax Deposit Schedule

We are a brand-new business with no prior payroll, or we have been assigned by the IRS to be a monthly depositor. Therefore our 941 payments should be remitted to the IRS according to the monthly deposit frequency.

Our tax deposit frequency has been assigned by the IRS as Semi-Weekly.

State Tax Deposit Schedule

Our tax deposit frequency has been assigned by the State as Monthly.

Our tax deposit frequency has been assigned by the State as Semi-Weekly.

Payroll Processing Instructions

Pay Cycle:

Date of First Payroll: ____ / ____ / ____

Monthly or Semi-Monthly Pay Dates: _____

Pay Day: Monday Tuesday Wednesday Thursday Friday

Pay Period: _____ to _____ (ex: Sunday to Saturday)

(Payroll must be submitted 3 business days prior to pay day)

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)

I will submit my payroll hours:

Physical Delivery:

- ☐ Mail physical pay checks/stubs and reports to my business (USPS or UPS for an additional fee)

We strongly suggest using direct deposit or pay cards. It's easy and ensures on-time payroll delivery.

Prior Payroll Company Login

Company: _____

Login URL: _____

Username: _____ Password: _____

Who to contact if text/email code is needed: _____

Security question(s) and answer(s): _____

Additional Payroll Setup

Paid Time Off: *Please submit the PayPlus Time Off/Accrual Policy Form*

Retirement:

Employer Contribution:

Do you want PayPlus to make contributions on your behalf: Yes No

Please provide employee account numbers

Payroll Deductions:

Attach copies of any garnishment orders. Do you want PayPlus to submit payment(s)?

Workers Comp Reporting:

Do you have a workers comp pay-as-you-go policy?

If yes, with what company:

No, I would like to set one up through PayPlus.

NOTES

Agreement made by and between PayPlus, LLC. a New Hampshire Corporation with principal offices in Nashua and Laconia, 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 but 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 cannot 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 per item for the first bounced payroll, and \$150 per item for payrolls bounced thereafter.
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 New Hampshire 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.

Leslie T. Costigan, President, PayPlus, LLC

Client

Please read and initial each item.

1. I am responsible for forwarding **all** tax notices from the IRS and state(s) where my business is located to PayPlus **as soon as** I receive them. These notices may concern late filing, improper filing, tax rate changes, filing frequency changes, among other information. The IRS and states do not notify PayPlus of these changes. NH businesses must forward quarterly unemployment rates. Businesses in other states (except MA) must forward unemployment rates as soon as they are received.
2. I am responsible for monitoring my state's unemployment account (Quest for MA) and Department of Revenue account (MA TaxConnect for MA businesses) and resolving action items, including forwarding communications about taxes to PayPlus.
3. I understand that it is my responsibility to save payroll reports (sent via email), quarterly tax reports (sent via email), and the employer copies of W-2s as well as annual tax returns and W3s. Replacement reports will incur an additional fee.
4. I understand that it is my responsibility to notify state and federal agencies of changes to my business, such as name change, address change, or a change in business entity (from LLC to S-Corp, for example) in addition to notifying PayPlus.

New Client Payroll Conversion Checklist

1. _____ Copy of Company Check and Beginning Check Number.
2. _____ Federal ID Number from IRS. Attach official document from the IRS.
3. _____ State Unemployment number and unemployment rate.
4. _____ Signature page (use black 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). Include terminated employees in the YTD information.
9. _____ Copies of client quarterly 941 reports for the current year.
10. _____ Quest Login and Password information.
11. _____ Reporting Agent Authorization (form 8655) 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 online 3rd party payments.
7. _____ Time clock trial or ordering information.
8. _____ Workers comp quote request.

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Thank you for selecting PayPlus, LLC.



Authorized Agreement for Pre-Authorized Charges

As a convenience to me, I hereby request 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, LLC
6 Columbine Drive
Nashua NH 03063
978-649-3777

Please fax completed form to (866) 677-4222 or (866) 677-4334. (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**.

Reporting Agent Authorization

OMB No. 1545-1058

► Information about Form 8655 and its instructions is at www.irs.gov/Form8655.**Taxpayer**

1a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)	
1b Trade name, if any	4 If you are a seasonal employer, check here <input type="checkbox"/>	
3 Address (number, street, and room or suite no.)	5 Other identification number (optional)	
City or town, state, and ZIP code		
6 Contact person	7 Daytime telephone number	8 Fax number

Reporting Agent

9 Name (enter company name or name of business)	10 Employer identification number (EIN)	
11 Address (number, street, and room or suite no.)		
City or town, state, and ZIP code		
12 Contact person	13 Daytime telephone number	14 Fax number

Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)**15** Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)**16** Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Duplicate Notices to Reporting Agents**17** Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent ☐**Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922**

- 18a** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning _____.
- b** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning _____.
- c** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning _____.

State or Local Authorization (Caution: See Authorization Agreement)**19** Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16 ☐**Authorization Agreement**

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is terminated or revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

Sign Here

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.



Signature of taxpayer



Title



Date



Beneficial Owner(s) Addendum

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, fraud, corruption, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (ex. Beneficial Owners) helps law enforcement investigate and prosecute these crimes.

Section 1: Type of Business

Please select any that apply. If any are selected below, please proceed to Section 4 after completing this section.

- | | |
|--|---|
| <input type="checkbox"/> Business is a Publicly-Traded Company | <input type="checkbox"/> Business files reports with SEC |
| <input type="checkbox"/> Business is a Bank or Credit Union | <input type="checkbox"/> Business is a Security Broker |
| <input type="checkbox"/> Business is a tax-exempt entity | <input type="checkbox"/> Business is an Insurance Company |
| <input type="checkbox"/> Business is a Public Utility | <input type="checkbox"/> Business is an Accounting Firm |
| <input type="checkbox"/> Business is a Large Operating Company * | |

* Large Operating Company is defined as an entity that has (1) 20 or more full-time employees, (2) operating presence with a physical office in the United States, and (3) has filed a federal income tax or information return in the United States for the previous year demonstrating more than \$5 million in gross receipts or sales.

Section 2: List of Beneficial Owners Holding 25% or More Ownership of Legal Entity

(1) Each individual, if any, directly or indirectly owning, 25% or more of the legal entity customer (ex. each natural person owning 25% or more of the shares of the corporation); and (2) An individual with significant managing responsibility of the legal entity customer (ex. CEO, CFO, COO, Managing Member, President, etc.)

The number of individuals that satisfy this definition of Beneficial Owner may vary. Under Section 2, depending on the factual circumstances, up to four individuals may need to be identified below. Regardless of the number of individuals identified under Section 2, you must provide the identifying information of one individual under Section 3. It is possible that in some situations the same individual may be identified under both sections (ex. President of Joe's Shoes, who also holds a 50% equity interest.) The completed form will contain the identifying information of at least one individual under Section 3, and up to five individuals (ex. four 25% equity owners) under Section 2.

Beneficial Owner Name 1: _____	Beneficial Owner Name 3: _____
Beneficial Owner % of Ownership 1: _____	Beneficial Owner % of Ownership 3: _____
Beneficial Owner Date of Birth 1: _____	Beneficial Owner Date of Birth 3: _____
Beneficial Owner Residence Address 1: _____	Beneficial Owner Residence Address 3: _____
Beneficial Owner Name 2: _____	Beneficial Owner Name 4: _____
Beneficial Owner % of Ownership 2: _____	Beneficial Owner % of Ownership 4: _____
Beneficial Owner Date of Birth 2: _____	Beneficial Owner Date of Birth 4: _____
Beneficial Owner Residence Address 2: _____	Beneficial Owner Residence Address 4: _____

Section 3: Individual with Significant Managing Responsibility of Legal Entity

Name: _____ Title: _____ Date of Birth: _____
% of Ownership: _____ Address: _____

Section 4: Signature

By signing this Addendum, I attest that I have accurately provided the name, address, and date of birth for the individuals listed above.

Signature: _____ Title: _____ Date: _____

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Company ACH Authorization Form

Please note that fields marked with an * are required fields.

Company Information

Client ID (if applicable): _____
*Legal Business Name: _____
Trade Name: _____
*Type of Business: _____
*Tax ID/EIN #: _____
Registered State: _____ State ID #: _____
*Physical Address Line 1: _____
*Physical Address Line 2: _____
*Physical Address City: _____
*Physical Address State: _____ *Zip Code: _____
Mailing Address same as Business Address?: ☐ Yes ☐ No
Mailing Address Line 1: _____
Mailing Address Line 2: _____
Mailing Address City: _____
Mailing Address State: _____ Zip Code: _____
Listed Phone #: _____
Website: _____
Password: _____

Transmission Reports

Email Address 1: _____
Email Address 2: _____
Report Type: ☐ HTML ☐ PDF ☐ Encrypted PDF:
Encrypted PDF Password: _____

Authorized Signature

By signing this Company Authorization Form, authorization is hereby granted to: _____ and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with _____ (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and federal rules and regulations, for various purposes that include but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

Authorized Signor Name (Please print.)

Authorized Signor Title

Authorized Signor Signature

Date

101023A

Pay Type

Frequency

Do not submit W4 or state
withholding forms. All info should
be on this form.

Enable pop-ups in browser to submit
electronically.

Clear Form



6 Columbine Drive
Nashua NH 03063
Phone (978) 649-3777
Fax (866) 677- 4222
Fax (866) 677- 4334

Direct Deposit Employee Authorization

☐ New Direct Deposit ☐ Change to Existing Direct Deposit

Employee Name

Employer

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 a copy of a **VOIDED** check(s) attached to this form.

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

FORMS WILL NOT BE PROCESSED WITHOUT THE REQUIRED DOCUMENTS ABOVE.

Bank #1

Bank Name

Account Number

Bank Routing Number

Type of Account ☐ Checking
☐ Savings

☐ Amount \$

☐ or Full Net Check

Bank #2

Bank Name

Account Number

Bank Routing Number

Type of Account ☐ Checking
☐ Savings

☐ Amount \$

☐ or Full Net Check

This authorization may be cancelled by me at any time.

Authorized By:

Authorized Date:

Submit to Payplus

Clear Form



Time Off Accrual Policy

BUSINESS NAME

ACCRUAL NAME

Vacation

Sick

Personal

PTO

HOW ACCRUED

Per Hour Worked

Per Pay Period

Available Immediately

RATE FOR ACCRUAL

DATE ACCRUAL BEGINS

Date of Hire

January 1

DATE ACCRUAL RESETS

Employee Anniversary

January 1

DOES IT CARRY OVER?

Yes

No

MAXIMUM CARRYOVER HOURS

YEAR OF NEXT ACCRUAL
RATE INCREASE

NEW ACCRUAL RATE

OTHER INFORMATION

Please Complete This Form For Each Company Accrual Type