

- Client Enrollment (Complete Section 1)
 Grant Access to my Accountant/3rd Party (Complete Section 2)
 Multi-Client User (Complete Sections 1&3 or 2&3)

CSR Name _____

ALL FORMS MUST BE TYPED - HAND WRITTEN FORMS WILL BE RETURNED

Section 1. Client Enrollment Information

- Full Processing Online Payroll Online Reporting Only
 Standard Login Multi-Client Login (if change affects multiple clients, list clients to add in Section 3)

Client Number _____ Client Company Name _____

E-Mail (mandatory) _____ Is this Client a Direct Key? Yes No

User Name _____
(No more than 25 characters including spaces)

Indicate if user name is: Uppercase Lowercase OR Combination

Section 2. Grant Access to my Accountant/3rd Party (Online Reporting ONLY)

I authorize the accounting firm/accountant listed below to access my payroll data until further notice, using the following service: Online Reports

- Standard Login Multi-Client Login (if change affects multiple clients, list clients to add in Section 3)

Client Number _____ Client Company Name _____

Accounting Firm Name _____

Accountant E-mail (mandatory) _____ Accountant Phone (____)-____-____

Accountant Name _____ User Name _____
(No more than 25 characters including spaces)

Indicate if user name is: Uppercase Lowercase OR Combination

Client's Signature _____ Date _____

Section 3. Multi-Client Enrollment Information

List new clients for which this multi-user will have access:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____