



From Company:

FEIN# _____
Payroll Acct# _____ (if known)

Payroll Authorization Add Change Form

FULL: FULL PAYROLL AUTHORIZATION AND AUTHORITY:

This letter amends our Payroll Authorizations, originally signed, as follows:

- Add Named Individual _____, Title _____, cell# (____) _____, email _____
- Remove Named Individual _____

The above named individual will be authorized to perform all payroll functions on behalf of the above listed account. This person was not originally listed as authorized on the Payroll Service Agreement I signed, but their authority will extend to all payroll functions as if authorized on that agreement.

LIMITED: HOURS/WAGE PAY SUBMISSION, & NEW EMPLOYEE, EMPLOYEE CHANGES SUBMISSION ONLY:

This letter amends our Payroll Authorizations, originally signed, as follows

- Add Named Individual _____, Title _____, cell# (____) _____, email _____
- Remove Named Individual _____

The above named individual will be authorized to a) submit new/terminated employees and make all changes relative to employee records, such as W4 information, direct deposit information and pay rate changes for employees. They will be able to submit wages a for payroll, receive all payroll reports and approve payroll details for final processing and wage and tax debits.

My authorized signature below acknowledges that facsimile or photocopy of the above instructions is valid as original. I have been notified I may request a new Payroll Services Agreement, with individual's name added or removed, in lieu of signing this agreement, and have declined.

The above "Payroll Authorization Add Change Form" request has been requested and approved by authorized company representative as follows:

Signature Printed Name Title Date

FOR OFFICE USE ONLY:
[] Save to client v: [] Add to IS [] Print for approval [] Appvd by ___/___