



## TAX FILING SERVICES AGREEMENT and LIMITED POWER OF ATTORNEY FORM

<b>CLIENT TAX FILING NAME</b>		<b>FEDERAL TAX ID</b>	
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This is a Tax Filing Services Agreement with Limited Power of Attorney between PAYMEDIA, LLC. herein known as PAYMEDIA, and CLIENT identified above. PAYMEDIA, LLC is hereby appointed as Attorney-In-Fact with authority to receive, sign and file federal, state and/or local payroll tax returns, and to make tax deposits as indicated herein. PAYMEDIA, LLC, as Attorney-In-Fact, shall also be authorized as a designee of the Taxpayer to receive originals or copies of notices, correspondence and transcripts with respect to state and/or local returns filed by the designee. This authorization shall include the appropriate federal, state and/or local tax forms beginning with the tax period indicated, and remaining in effect through subsequent tax periods until notified by the Taxpayer of termination or revocation of this authorization. This Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing Powers of Attorney and Tax Information Authorizations on file with the representative taxing authorities with respect to the same tax matters and tax periods covered hereby.

By its signature below, CLIENT agrees to the following terms and conditions and to have PAYMEDIA assume tax reporting and filing responsibilities for one or more of CLIENT's Federal, State, Local and Unemployment obligations, PAYMEDIA assumes responsibility only for interest charges and/or penalties which result from the negligence of PAYMEDIA. PAYMEDIA does not accept responsibility for failure to make deposits or filings if it is not provided with adequate or timely information or sufficient funds. PAYMEDIA assumes its responsibility on the following terms and conditions:

- CLIENT shall comply with and be subject to any rules and regulations of federal or regional banking clearing houses which are or may be utilized by PAYMEDIA, to the extent such rules are now in effect or may become in effect in the future.
- CLIENT's checking account shall be debited for the aggregate total of all taxes at least 24-48 hours prior to the payroll check date. In cases where the aggregate total of all taxes in a particular pay period reaches \$100,000.00 or more, CLIENT will wire transfer, at CLIENT's expense, the total aggregate of all taxes for that particular pay period to PAYMEDIA's Tax Account 48 hours prior to payroll check date. CLIENT will be notified by PAYMEDIA if the aggregate total of all taxes reaches \$100,000.00 or more. Funds will be held in trust by PAYMEDIA until such taxes are due, and will be submitted by PAYMEDIA in accordance with appropriate Federal, State and Local regulations.
- CLIENT authorizes PAYMEDIA to hold Limited Power of Attorney and send all obligations and signed forms to appropriate government agencies and banks on its behalf, as required or as deemed necessary by PAYMEDIA.
- CLIENT agrees to indemnify and hold harmless PAYMEDIA and any financial institution from any claim incident to the operation of this plan arising out of the operation of this Tax Filing Services Agreement except to the extent such claim has been found to arise from negligence, misconduct, error or omission on the part of PAYMEDIA or such financial institution. In particular, CLIENT agrees that PAYMEDIA shall have no liability whatsoever for payment of taxes, fines, penalties or interest assessed, except as specifically set forth in this Agreement.
- CLIENT agrees to have aggregated total of all taxes available for debit at least 24-48 hours prior to the payroll check date.
- CLIENT hereby agrees that if sufficient funds are not available, PAYMEDIA is released from its obligation to make timely tax deposits for such period, and that PAYMEDIA may at its sole option immediately terminate this Tax Filing Services Agreement, at which time CLIENT will become responsible for all tax deposits and filings due then and thereafter with related penalties and interest. If PAYMEDIA terminates this agreement, PAYMEDIA will immediately notify CLIENT of such termination, and neither PAYMEDIA nor the financial institutions utilized by PAYMEDIA will have any further obligations to CLIENT or any third party with respect to such agreement. If CLIENT wishes to terminate this Tax Filing Services Agreement, CLIENT must notify PAYMEDIA, at which time PAYMEDIA will be released immediately of any and all tax filing and depositing responsibilities. Upon receiving said notification, PAYMEDIA agrees to return all tax monies held in trust for CLIENT.

State Tax Jurisdiction	Tax Type	Tax ID Number	Known Tax Rate	Effective Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.
- Don't sign this form unless all applicable lines have been completed.  
► Don't use Form 8821 to request copies of your tax returns  
or to authorize someone to represent you.

OMB No. 1545-1165  
**For IRS Use Only**  
Received by: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_\_

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

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

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ► ☐

Name and address  <b>Paymedia LLC</b> <b>383 Ridgedale Avenue</b> <b>East Hanover NJ 07936</b>	CAF No. <b>0307-40212R</b>
	PTIN _____
	Telephone No. <b>973-428-9000</b>
	Fax No. <b>973-428-9120</b>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☒ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment	940,941,W2,W3,CVL PEN		Payroll

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ► ☐

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ► ☒
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ► ☐

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . ► ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)

# Reporting Agent Authorization

OMB No. 1545-1058

► Information about Form 8655 and its instructions is at [www.irs.gov/Form8655](http://www.irs.gov/Form8655).

## Taxpayer

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

## Reporting Agent

<b>9</b> Name (enter company name or name of business) <u>PAYMEDIA, LLC</u>		<b>10</b> Employer identification number (EIN) <u>22-3695916</u>
<b>11</b> Address (number, street, and room or suite no.) <u>383 RIDGEDALE AVE.</u>		
City or town, state, and ZIP code <u>EAST HANOVER, NJ 07936</u>		
<b>12</b> Contact person	<b>13</b> Daytime telephone number <u>973-428-9000</u>	<b>14</b> Fax number <u>973-428-9120</u>

## 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

## Instructions

### What's New

**Fax number.** The fax number for Form 8655 is changed to 855-214-7523. When faxing Forms 8655, please send no more than 25 forms in a single transmission. If possible, please send faxes directly from your computer instead of from a fax machine.

**Updated instructions for lines 15 and 16.** The instructions for lines 15 and 16 have been clarified and now appear at the lines themselves. Please use the "YYYY/MM" format instead of the "MM/YYYY" format.

**Former line 17a removed.** The authorization agreement at the bottom of the form provides the disclosure authority previously covered by line 17a.

**Increasing or decreasing authority.** The instructions with regard to increasing or decreasing authority have been clarified. See *Authority Granted*.

**Termination and Revocation.** The instructions have been updated to distinguish between these terms and to explain the procedure for each. See *Terminating or Revoking an Authorization*.

### Purpose of Form

Use Form 8655 to authorize a reporting agent to:

- Sign and file certain returns. Reporting agents must file returns electronically except as provided under Rev. Proc. 2012-32. You can find Rev. Proc. 2012-32 on page 267 of Internal Revenue Bulletin 2012-34 at [www.irs.gov/pub/irs-irbs/irb12-34.pdf](http://www.irs.gov/pub/irs-irbs/irb12-34.pdf). See Pub. 3112, IRS e-file Application and Participation, for information about e-filing and getting the reporting agent PIN;
- Make deposits and payments for certain returns. Reporting agents must make deposits and payments electronically, generally through the Electronic Federal Tax Payment System (EFTPS.gov). See Pub. 4169, Tax Professional Guide to EFTPS, and Rev. Proc. 2012-33;
- Receive duplicate copies of tax information, notices, and other written and/or electronic communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

**Note.** An authorization does not relieve the taxpayer of the responsibility (or from liability for failing) to ensure that all tax returns are filed timely and that all federal tax deposits (FTDs) and federal tax payments (FTP) are made timely. A reporting agent must notify its client of that fact and must recommend that it enroll in the Electronic Federal Tax Payment System (EFTPS) to view EFTPS deposits and payments made on the client's behalf. A reporting agent must provide this notification, in writing, upon entering into an agreement with the client and at least quarterly thereafter for as long as it provides services to that client. Sample language and other details may be found in Rev. Proc. 2012-32, Section 5.05.

### Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 15, 16, 18a, 18b, and/or 18c and continues indefinitely unless terminated or revoked by the taxpayer or reporting agent. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655.

Where authority is granted for any form, it is also effective for related forms such as the corresponding non-English language form, amended return, (Form 941-X, 941-X(PR), 943-X, 944-X, 945-X, or CT-1X), or payment voucher. For example, Form 8655 can be used to provide authorization for Form 944-SP using the entry spaces for Form 944. The form also can be used to authorize a reporting agent to make deposits and payments for other returns in the Form 1120 series, such as Form 1120-C, using the entry space for Form 1120 on line 16.

Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

To increase the authority granted to a reporting agent by a Form 8655 already in effect, submit another signed Form 8655, completing lines 1–14 and any line on which you want to add authority. To decrease the authority granted to a reporting agent by a Form 8655 already in effect, send a signed, written request to the address under *Where To File*. The preceding authorization remains in effect except as modified by the new one.

### Where To File

Send Form 8655 to:

Internal Revenue Service  
Accounts Management Service Center  
MS 6748 RAF Team  
1973 North Rulon White Blvd.  
Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 855-214-7523. When faxing Forms 8655, please send no more than 25 forms in a single transmission. If possible, please send faxes from your computer instead of a fax machine.

### Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorization and Federal Tax Depositors.
- **Rev. Proc. 2012-32**.

### Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

### Terminating or Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 indicating a new reporting agent terminates the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, such that the reporting agent would no longer be authorized to act or receive information for previously authorized tax periods, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original signature. Write "REVOKE" across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

A reporting agent may terminate its authority by filing a statement with the IRS, either on paper or using a delete process. A reporting agent wanting to revoke its authority must submit the request in writing. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

### Who Must Sign

**Electronic signature.** For guidance on optional electronic signature methods, including approved methods of authentication and signature and additional items that must appear on the Form 8655, see Pub. 1474, section 01.03.

**Sole proprietorship.** The individual owning the business.

**Corporation** (including a limited liability company (LLC) treated as a corporation). Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

**Partnership** (including an LLC treated as a partnership) or an unincorporated organization. Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

**Single member LLC treated as a disregarded entity.** The owner of the LLC.

**Trust or estate.** The fiduciary.



**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our authority to request this information is Internal Revenue Code sections 6011, 6061, 6109, and 6302 and the regulations thereunder. We use this information to identify you and record your reporting agent authorization. You are not required to authorize a reporting agent to act on your behalf. However, if you choose to authorize a reporting agent, you are required to provide the information requested, including your identification number. Failure to provide all the information requested may prevent or delay processing of your authorization; providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 1 hour, 7 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File*, earlier.

## Company ACH Authorization Form

### Company Information

Client ID (if applicable): \_\_\_\_\_  
Legal Business Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Tax ID/EIN #: \_\_\_\_\_  
Registered State: \_\_\_\_\_ State ID #: \_\_\_\_\_  
Business Address Line 1: \_\_\_\_\_  
Business Address Line 2: \_\_\_\_\_  
Business Address City: \_\_\_\_\_  
Business 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: \_\_\_\_\_  
Owner/Principal Name 1: \_\_\_\_\_  
Owner/Principal Title + % 1: \_\_\_\_\_  
Owner/Principal Name 2: \_\_\_\_\_  
Owner/Principal Title + % 2: \_\_\_\_\_  
Owner/Principal Name 3: \_\_\_\_\_  
Owner/Principal Title + % 3: \_\_\_\_\_  
Password: \_\_\_\_\_

### Funding & Timing Options

\_\_\_\_\_

### 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](mailto: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 Signature

### Transmission Reports

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

### PPP Information

PPP Name: \_\_\_\_\_  
PPP Account #: \_\_\_\_\_  
Fees Charged To: ☐ PPP ☐ Client  
Pennies Challenge Waived: ☐ Yes ☐ No (if applicable)  
In-Person Contact Made with Client: ☐ Yes ☐ No  
Live Processing Date: \_\_\_\_\_

### Business Account for ACH Transactions

Bank Name: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_  
Business Account #: \_\_\_\_\_  
Account Type (Include copy of voided check.): ☐ Checking ☐ Savings

### Business Account for Tax Payments (if applicable)

☐ Business Account Above ☐ Business Account Below:  
Bank Name: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_  
Business Account #: \_\_\_\_\_  
Account Type (Include copy of voided check.): ☐ Checking ☐ Savings

\_\_\_\_\_  
Authorized Signor Title

\_\_\_\_\_  
Date

102419A



Complete Payroll and Human Resource Solutions


# EMPLOYEE MASTER FILE CHANGE OR ADDITION WORKSHEET

Company Name					Client ID Number												
New Employee				W-4 Marital Status/Exemptions			Division										
Name/Address Change				Salary/Rate Changes			Department										
Termination/Inactive				Deduction/Addition Change			Employee Number										
Employee First Name				M.I.		Last Name											
Street Address							Apt #										
City						State		Zip Code									
Social		Security		Number		Enter		One		Number		Per		Box for		Accuracy	
Hire Date				Birth Date				Termination Date									
Pay Period						Other Income											
Per Pay Period Salary						Hourly Rate 2											
Hourly Rate 1						Hourly Rate 3											
Deduction Type				Frequency				Amount									
Deduction Type				Frequency				Amount									
Deduction Type				Frequency				Amount									

# Employee Direct Deposit Enrollment Form

Company #: \_\_\_\_\_ Company Name: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. **Attach a voided check for each checking account - not a deposit slip.** If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Your Name		1111	
Your Address		Date _____ 20__	
Your City, State, Zip			
Pay to the order of _____		\$	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
		Dollars	
For _____			
<div style="display: flex; justify-content: space-between;"> <span>⑆123456789⑆</span> <span>000123456⑆</span> <span>1111</span> </div>			

Routing Number
Account Number

**Please be advised that the initial direct deposit can take up to 10 business days, depending on the bank, to setup and process from the time of submission. For immediate direct deposit please check the box below "Override Pre-Note".**

- ☐ **Override Pre-Note:** Please note that if any banking information provided to Paymedia is incorrect or invalid Paymedia is not responsible for any bank fees that may be incurred. There is a charge of \$18.00 due to Paymedia for every invalid/incorrect file sent.

**\*\*Payroll Manager Approval required (sign):** \_\_\_\_\_

**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize Paymedia to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Paymedia to my account. In the event that Paymedia deposits funds erroneously into my account, I authorize Paymedia to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Paymedia and Bank have received written notice from me of its termination in such time and in such manner as to afford Paymedia and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Account Information**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ \_\_\_\_\_ or ☐ Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ \_\_\_\_\_ or ☐ Entire Net Amount





## Signature Form

Company Name: \_\_\_\_\_ Company Number: \_\_\_\_\_

Sign the form twice. Once in box #1, and then in box #2. Keep the signature **WITHIN** the outside lines of the box.

SINGLE SIGNATURE – BOX #1

SINGLE SIGNATURE – BOX #2

---

**OR**

If you require two signers on your account please sign the double signature boxes below.  
Sign the form twice. Once in box #1, and then in box #2. Keep the signature **WITHIN** the outside lines of the box.

DOUBLE SIGNATURE – BOX #1

DOUBLE SIGNATURE – BOX #2

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I (we) hereby authorize Paymedia LLC, to electronically sign all future checks with signature(s) above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*PLEASE NOTE: THIS IS THE WAY YOUR SIGNATURE(S) WILL APPEAR ON YOUR CHECKS.



## *Online Account Access Authorization & Agreement*

### **Terms of Use:**

Paymedia provides Online access to input your own payroll hours/salaries, make changes to employee records and view payroll reports. Once you submit your payroll for processing Paymedia will NOT review any information input and/or changed. You are responsible to make sure that your payroll was entered correctly. Once payroll is submitted for process Paymedia will simply process the file that was submitted and deliver the payroll. If changes need to be made to a payroll that has already been processed you will incur an additional \$15.00 re-processing fee.

Payroll information is updated by end of business day following processing prior to 3 p.m. Payroll reports contain sensitive information such as company, employee and tax liability information. Online access may be immediately suspended or permanently revoked due to misuse, late or non-payment of regular payroll processing fees, account termination, or other reasons as determined solely by Paymedia LLC. Confidential payroll information will be available to you by logging on using your assigned user name AND password. This login will be provided after this agreement is received. It is recommended as a 'best practice' to not share this password with another individual and that you acquire additional user names and passwords for such use. You may allow your accountant or CPA to have online access to your account as well, but that will require another authorization form.

Company Name:	
Authorized User(s):	

### **Security Policy & Limitation of Liability:**

Paymedia LLC maintains high levels of security for your protection. Once logged on, your account information appears only in a pop-up browser window. This window contains 128 bit SSL (secure socket layer) encryption, secured servers behind firewalls, and secured database structures. Your use of the internet is solely at your own risk and you agree to hold Paymedia LLC, it's officers and assigns, completely and totally harmless from any and all liabilities as a result of such usage. You are completely and wholly responsible for you user name and password including the sharing of such information. Paymedia LLC makes no warranties, express or implied, including, but not limited to, those of merchantability or fitness for a particular purpose. This includes delays, nondeliveries, mis-deliveries or service interruptions however caused. This Agreement contains the entire agreement, written or verbal, of the parties hereto and supersedes any other prior or simultaneous agreement.

### **Authorization:**

As the Authorized Agent of this 'Company', I authorize Paymedia LLC to create online access to my payroll account. I have read and understand the agreements and terms as written above.

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*Agent Name*

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*Title*

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*Agent Signature*

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*Date*



## ***Payroll Access Form for CPA/Accountant***

*To be completed only if client wishes to have Paymedia make payroll reports available for CPA/Accounting Firm/Bookkeeper*

I hereby request Paymedia, LLC to grant my CPA/Accountant online access to my payroll information via the Internet using Paymedia's system and/or Paymedia's secure data transmission system. Access will only be granted to those I have listed on this form. **If this access should be revoked or modified, it is my responsibility to notify Paymedia immediately.**

Name of CPA/Accounting Firm:	
Name of Contact(s):	
Mailing Address:	
Phone Number:	
Email Address:	
Select Required Information:	<input type="checkbox"/> Payroll Reports Per Pay Period <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Payroll Reports Per Pay Period <input type="checkbox"/> Year End - W2/1099/ACA
Any special instructions:	

***Authorized by:***

Name/Title	
Signature(s)	
Date	
Company Name	
Company ID Number(S)	

**TO WHOM IT MAY CONCERN:**

Re: Account #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Account Name: \_\_\_\_\_

Please be advised that effective immediately we have elected to discontinue utilizing your payroll and tax services.

Please attend to the following:

**FICA and Federal Withholding Liabilities**

☐ **Pay** any FICA and Federal Withholding that you are currently holding for our account

**State and Local Withholding Liabilities**

☐ **Pay** any State withholding that you are currently holding for our account to the proper taxing authorities

☐ **Pay** any Local withholding that you are currently holding for our account to the proper taxing authorities

**State and Federal Unemployment Insurance Liabilities**

☐ **Return** any State Unemployment Insurance (SUI) and Federal Unemployment (FUTA) tax that you are currently holding for our account.

**Quarterly Returns**

☐ **Submit** for our account \_\_\_\_ (quarter) \_\_\_\_ (year) payroll returns to all tax authorities, State or Federal.

☐ **Do Not** submit for our account current quarter (\_\_\_\_ qtr \_\_\_\_ yr) payroll returns to all tax agencies, State or Federal.

**Annual Payroll Returns**

☐ **Submit** for our account all \_\_\_\_ (year) annual payroll returns and W-2's to all agencies, State and Federal.

☐ **Do Not** submit for our account any \_\_\_\_ annual payroll returns or W-2's to all agencies, State and Federal.

- After making the final transaction(s) on our account, we hereby cancel any power of attorney or authorization you have on our behalf to any bank or government agency

Thank you for your immediate attention to this matter.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name