

# Client Setup Application

## Organization Information



Legal Client Name	<input type="text"/>		
DBA Name	<input type="text"/>		
Client Number	<input type="text"/>	(Use CRI Number if applicable otherwise leave blank )	Client Web Site <input type="text"/>
Mailing Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Contact Name1	<input type="text"/>	Cell	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
		Fax	<input type="text"/>
Contact Name2	<input type="text"/>	Cell	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
		Fax	<input type="text"/>

Referring Accounting Firm	<input type="text"/>	Firm Client Since (Date)	<input type="text"/>
		Referring SPU/Office	<input type="text"/>
Firm Mailing Address	<input type="text"/>		
CPA/Accountant	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Cell1	<input type="text"/>
		Cell2	<input type="text"/>
		Fax	<input type="text"/>
Bookkeeper	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Cell1	<input type="text"/>
		Cell2	<input type="text"/>
		Fax	<input type="text"/>

CPA/Accountant/Bookkeeper is authorized to receive payroll and tax information by any of the means listed above as well as payroll and tax informaion stored in online report distribution portals.

### Client Payroll System Users

Name	<input type="text"/>	Email	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>	Position	<input type="text"/>

Corporate Officer / Responsible Party	<input type="text"/>		Title	<input type="text"/>
Address	<input type="text"/>		City, State	<input type="text"/>
			Zip Code	<input type="text"/>
Social Security Number	<input type="text"/>		Current Owner	<input type="text"/>
			Owner Since(Date)	<input type="text"/>





# PAYWERX

A DIVISION OF  
CARR, RIGGS & INGRAM CAPITAL, LLC

## Client Setup Application (continued)

### Bank Account Information

Legal Client Name

FEIN

Client Number

Sign two times for each signature using a felt tipped pen. **Keep signatures within box.**

Note: Paywerx Standard Operating Procedure is to pre-sign checks only on request and with the understanding that pre-signed documents will be returned to Client for distribution. Electronic distribution of employee, vendor and tax payments is the preferred payment method when available. Client signatures in the signature boxes below indicate Client requests Paywerx to pre-sign employee, vendor and/or tax checks.

#### Signature 1

#### Signature 2 (if checks require 2 signatures)

CLIENT authorizes Paywerx as its payroll processor or it's Agent(s) to initiate debit entries for a) collection of Payroll Tax Obligations, b) Applicable Payroll Service fees. Such entries will be debited out of the client's current payroll account or the account indicated by the sample VOIDED CHECK below, as provided by the CLIENT. If for any reason this should change, the CLIENT agrees to provide the new account information to Paywerx in a timely manner.

**(Attach VOIDED CHECK here)**

This account will be used as the funding account for all payroll transactions

This authorization is to remain in full force and effect until Paywerx has received written notification of termination in such a time and manner to afford Paywerx and Financial Institutions a reasonable opportunity to act on the notification. CLIENT agrees to hold harmless by third parties involved in the course of payroll processing (such as a bank or other third parties) for any damages resulting from transactions initiated by the CLIENT or Paywerx on the CLIENT's behalf. In the event your charges for fees or Direct Deposits are not honored by your bank you will be charged additional fees per transaction.

I hereby certify that I am a signatory on this account and have the authority to execute this agreement.

Authorized Client Signature

Date

Print Name

Title



## Client Setup Application (continued)

### Tax Information

Legal Client Name  Client Number

First Pay Date  Period Start  Period End

# of Employees  Frequency  Conversion or New?

Weekly Bi-Weekly Semi-Monthly Monthly

Semi-Monthly First Pay Day of Mo  Second Pay Day of Mo  Work Week Begins

Mon Tue Wed Thur Fri Sat Sun

**Type of Entity**

Has there been a significant change in ownership/entity in the past 12 months? Yes  No

Limited Liability Corp (LLC)

Limited Liability Partnership (LLP)

Sole Proprietor

Partnership

S-Corporation

C-Corporation

Non-Profit Corporation

Governmental

**Federal Reporting**

Federal ID Number:  Tax Deposit Schedule:

Federal Unemployment Tax (FUTA) status Exempt  Taxable

Federal Deposit Frequency Every Pay, Monthly, Quarterly  Deposit Day

**State Reporting**

State Withholding ID No:  Tax Deposit Schedule:

State Unemployment (SUTA) status Exempt  Taxable

State Deposit Frequency Every Pay, Monthly, Quarterly  Deposit Day

State Unemployment No:  Primary State:  SUI %  2nd %

**Multi-State Reporting**

State:  SU ID No:  SUI Rate:  Withholding ID:

State:  SU ID No:  SUI Rate:  Withholding ID:

State:  SU ID No:  SUI Rate:  Withholding ID:

**Local Tax Reporting**

Local:  Local Rate:  Withholding ID:

Local:  Local Rate:  Withholding ID:

Local:  Local Rate:  Withholding ID:

Local:  Local Rate:  Withholding ID:

This agreement may be considered as an application for credit and authorizes Paywerx to investigate the credit of the Client or its principals including vendor references, bank account status and history, income tax and payroll tax returns.

Client hereby authorizes client's bank to pay and charge client's account for charges drawn on client's account payable to Paywerx. Client agrees that client's bank rights in respect to each charge shall be the same as if it were drawn on it, signed personally by or on behalf of client. This authority is to remain in full force and effect until revoked by client in writing, and until bank receives such notice, agrees that the bank shall be fully protected in honoring these charges. Client further agrees that if such charge is dishonored, whether with or without cause and whether intentionally or inadvertently, bank shall have no liability whatsoever.

Client signature below indicates approval for Paywerx to use all information contained on pages 1, 2, 3 & 4 of this Client Setup Application as well as the information provided in the Bank Account Information Form.

Paywerx acceptance of this client is subject to a separate services Engagement Letter to be signed by both Client and Paywerx.

\_\_\_\_\_  
Authorized Client Signature

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

\_\_\_\_\_  
Date