

INTERNET PAYROLL SETUP FORM

Client Name: _____ Client # _____

1st Internet Check Date: _____

Contact Person: _____ Ph#: _____

Email Address: _____

Please select the services that this client has:

_____ Tax Filing _____ Direct Deposit

_____ ChxOnUs

Please select the reports to be delivered each payroll if any:

_____ EFT Withdraw Report _____ Payroll Report

_____ Hours Control Sheet _____ Invoice

_____ Laser Checks _____ Sealing Checks

_____ Monthly Check List _____ Deduction Report

_____ Monthly Summary _____ Qtrly Summary

_____ Annual Summary _____ Qtrly Taxes

_____ Annual Taxes _____ No Delivery

Certificate Issued: _____ By: _____

User ID: _____ Password: _____