

# EMPLOYER INFORMATION SHEET

## General Information

Business Name _____ Business Address _____ City, State, Zip _____ Filing Name (if different) _____ Filing Address (if different) _____ City, State, Zip _____	Contact Name _____ Job Title _____ Phone _____ Fax _____ Email _____ (must have email to access payroll online)
Company Type <input type="radio"/> S-Corp <input type="radio"/> C-Corp <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> 501c3 <input type="radio"/> Other _____ (please specify)	
Number of Years in Business _____	

## Payroll Information

No. of W-2 employees _____ No. of 1099 contractors to be paid through payroll _____ Federal EIN _____ <input type="checkbox"/> Applied For <small>(12-3456789)</small> State Employer Account No. _____ <input type="checkbox"/> Applied For <small>(1234567890-000)</small> State Unemployment No. _____ <input type="checkbox"/> Applied For <small>(123456)</small> State Unemployment Insurance Rate _____ % (if known) <small>(0.00)</small> Other state tax rates, if applicable: _____ _____	<h3>Federal Deposit Schedule</h3> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Other _____ <h3>State Deposit Schedule</h3> <i>Only applicable to states with income tax</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Early <h3>Tax Filer Type:</h3> <input type="checkbox"/> 941 <input type="checkbox"/> 944
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**How often will your employee(s) be paid?** *(If you have multiple pay periods, leave this blank and notate the Pay Frequency and Payday Details on pg 2 of each employee's information sheet at the bottom)*

### Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other \_\_\_\_\_

### Payday details

Date employees will be paid    MM\_\_\_\_ / DD\_\_\_\_ / YY \_\_\_\_

Day of Week that Pay Period Ends \_\_\_\_\_

# Reporting Agent Authorization

## 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.)  City or town, state, and ZIP code	<b>5</b> Other identification number
<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) TOTAL PAYROLL SOLUTION	<b>10</b> Employer identification number (EIN) 56 : 2597870
<b>11</b> Address (number, street, and room or suite no.) 2200 N WALNUT AVE  City or town, state, and ZIP code MUNCIE, IN 47303	
<b>12</b> Contact person JAMES PETTY	<b>13</b> Daytime telephone number (765 ) 288-7243
	<b>14</b> Fax number ( 877 ) 848-2153

## Authorization of Reporting Agent To Sign and File Returns

**15** Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 <u>2010</u>	941 <u>03/2010</u>	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	944-PR _____	945 _____	1042 _____	CT-1 _____

## Authorization of Reporting Agent To Make Deposits and Payments

**16** Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 <u>2010</u>	941 <u>03/2010</u>	943 _____	944 <u>01/2010</u>	945 _____	720 _____	1041 _____
1042 _____	1120 _____	CT-1 _____	990-C _____	990-PF _____	990-T _____	

## Disclosure of Information to Reporting Agents

**17a** Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 15 and/or line 16.

**b** Check here if the reporting agent also wants to receive copies of notices from the IRS.

## Form W-2 series or Form 1099 series Disclosure Authorization

**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 \_\_\_\_\_.

## State or Local Authorization

**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. 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 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
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## Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.  
 Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165
<b>For IRS Use Only</b>
Received by: _____
Name _____
Telephone ( ) _____
Function _____
Date / / _____

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

Taxpayer name(s) and address (type or print)	Social security number(s) : : _____ : : _____	Employer identification number : _____
	Daytime telephone number ( ) _____	Plan number (if applicable) _____

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address  <b>James Petty</b> <b>2200 N Walnut</b> <b>Muncie, IN 47303</b>	CAF No. <b>0305-33530R</b> Telephone No. <b>765-288-7243</b> Fax No. <b>877-848-2153</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>Income withholding</b>	<b>941</b>	<b>2000 -</b>	
<b>FUTA</b>	<b>940</b>	<b>2000 -</b>	

**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 on page 3. 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 . . . . .▶
- b** If you do not want any copies of notices or communications sent to your appointee, check this box . . . . .▶

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box . . . . .▶

To revoke this tax information authorization, see the instructions on page 3.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, 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/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature	Date
Signature	Date

Print Name	Title (if applicable)
Print Name	Title (if applicable)

PIN number for electronic signature



**INDIANA DEPARTMENT OF REVENUE**  
**POWER OF ATTORNEY**  
(Instructions on Back)

<b>1)</b> Taxpayer(s) Name(s) D\B\A Name(s) Address City State <span style="float:right">Zip Code</span> Telephone # (      )	<b>2)</b> Indiana Taxpayer Identification Number _____ Employer Identification Number _____-_____ Social Security Number _____-_____ Spouse's Social Security Number _____-_____ _____-_____
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Hereby appoint(s) the following :

<b>3)</b> Individual Representative Name Address City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Telephone # (      )	Additional Individual Representative Name Address City <span style="float:right">State</span> <span style="float:right">Zip Code</span> Telephone # (      )
<b>4)</b> Firm/Corp. Name (If applicable) <b>TOTAL PAYROLL SOLUTION</b> Address <b>2200 N WALNUT ST</b> City <b>MUNCIE</b> <span style="float:right">State <b>IN</b></span> <span style="float:right">Zip Code <b>47303</b></span> Telephone # ( <b>765</b> ) <b>288-7243</b>	If Firm or Corp. list Representative(s) Name a) <b>JAMES G PETTY</b> b) <b>DAVID T STERRETT</b> c) d)

<b>5)</b>	Type of Tax (Income, Withholding, Sales, etc.) <b>PAYROLL WITHHOLDING TAX</b>	Tax Form Number (IT-40, WH-3, ST-103, etc.) <b>WH-1, WH-3, W-2</b>	Year(s) / Period(s)
	_____	_____	_____
	_____	_____	_____

**6)** I acknowledge that the designated representative has the authority to receive confidential information and full power to perform on behalf of the taxpayer in tax matters related to this Power of Attorney. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.

If I am a corporate officer, partner or fiduciary acting on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

**7)** Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone # (      ) \_\_\_\_\_

# Federal Electronic Services Authorization

Federal Employer ID No.:  
Taxpayer Name:  
Taxpayer DBA Name:

Telephone Number:  
Address:

EFT Contact Person:  
Email Address:  
Reporting Agent Name:  
Reporting Agent Address:

Title:  
Telephone Number:  
FAX Number:  
Federal ID Number:

**Federal Electronic Services:** I understand that this authorization does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and all deposits and payments are made on time. Total Payroll Solution, LLC ("Agent") is authorized to sign and file Federal employment tax returns transmitted electronically (or in certain circumstances, submitted on paper). I certify that I have the authority to authorize the disclosure of otherwise confidential tax information on behalf of the taxpayer.

**Direct Deposit:** Agent is hereby authorized to initiate debit entries to my checking account on file and to debit the same to that account. I acknowledge that Agent will withdraw funds, in the amounts specified using Agent's paycheck approval process, and transfer them to my designated employee accounts for the purpose of paying my employees. In the event of an error, I hereby authorize Agent to credit such account to offset the error.

**Agent Authorization:** Agent is hereby authorized to instruct the IRS to withdraw funds from the checking account on file in the amounts specified using Agent's tax payment approval process to pay my federal payroll taxes. I agree that approval of all federal filings on the Agent website will constitute my electronic signature declaring, under penalties of perjury, that I have examined each return (including any accompanying schedules and statements) and to the best of my knowledge and belief each is a true, correct and complete return. All of the foregoing authorizations will remain in full force until Agent or I terminate electronic services.

Agent is hereby authorized to make an offsetting debit and credit of up to \$1.00 to the checking account on file for verification purposes.

Company Name:	Email Address:	
Signature:	Title:	Date:

# Electronic Services Authorization and Power of Attorney

(In Accordance with Indiana Power of Attorney POA-1)

Federal Employer ID No.:  
Taxpayer Name:  
Taxpayer DBA Name:

IN Taxpayer ID Number:  
Telephone Number:  
Address:

EFT Contact Person:  
Email Address:  
Reporting Agent Name:  
Reporting Agent Address:

Title:  
Telephone Number:  
FAX Number:  
Federal ID Number:

Checking Account No.:

Routing Transit Number:

**Indiana Department of Revenue Power of Attorney:** On behalf of the taxpayer, I hereby appointed the designated agent identified above as attorney-in-fact to represent the taxpayer in all matters relating to electronic payment of Indiana withholding tax, including without limitation initiation of electronic payments to the State of Indiana.

**Indiana Electronic Services:** I understand that this authorization does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and all deposits and payments are made on time. PayCycle, Inc. ("Agent") is authorized to enroll the above taxpayer in State of Indiana electronic services, and/or to make State of Indiana tax deposits and other State of Indiana tax payments for the above taxpayer. This Authorization applies as of the date this Authorization is signed and remains in effect until the taxpayer or Agent notifies the State of Indiana that this authorization is terminated or revoked. I authorize the State of Indiana to disclose to Agent otherwise confidential tax information relating to employment tax returns to be filed by Agent and/or relating to payments to be made by Agent (including deposit requirements). I certify that I have the authority to authorize the disclosure of otherwise confidential tax information on behalf of the taxpayer.

**Direct Deposit:** Agent is hereby authorized to initiate debit entries to my checking account identified above and to debit the same to that account. I acknowledge that Agent will withdraw funds, in the amounts specified using Agent's paycheck approval process, and transfer them to my designated employee accounts for the purpose of paying my employees. In the event of an error, I hereby authorize Agent to credit such account to offset the error.

**Agent Authorization:** Agent is hereby authorized to initiate debit entries to my checking account identified above and to debit the same account in order to withdraw funds in the amounts specified using Agent's tax payment approval process and transfer them to the Indiana Department of Revenue (or any successor to such agency) to pay my State of Indiana withholding taxes. In the event of an error, I hereby authorize Agent to credit the account to offset the error. I further authorize Agent to instruct the IRS to withdraw funds from the checking account identified above in the amounts specified using Agent's tax payment approval process to pay my federal payroll taxes. Finally, I agree that approval of all federal and State of Indiana filings on the Agent website will constitute my electronic signature declaring, under penalties of perjury, that I have examined each return (including any accompanying schedules and statements) and to the best of my knowledge and belief each is a true, correct and complete return. I further authorize Agent to release a copy of this Electronic Services Authorization and Power of Attorney to the Indiana Department of Revenue. All of the foregoing authorizations will remain in full force until Agent or I terminate electronic services.

Company Name:	Email Address:	
Signature:	Title:	Date:



**EFT-1**  
State Form 50110  
(R6 / 06-08)

Indiana Department of Revenue  
**Authorization Agreement Form**  
For Electronic Funds Transfer

Indiana Taxpayer ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Must Be 13 Digits)** See Special Instructions on Back.

Business Name: \_\_\_\_\_

Name and Telephone Number of Individual in your Organization that Revenue may contact regarding EFT

Contact Person: \_\_\_\_\_  
(Not a Bank contact) (Please print)  EFT Required  
or  
Address: \_\_\_\_\_  Voluntary

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please complete a separate form for each tax type selected.**

- |  |  |
|--|--|
| <input type="checkbox"/> Sales (RST)                     | <input type="checkbox"/> Financial Institution (FIT) |
| <input type="checkbox"/> Tire Fee (TIF)                  | <input type="checkbox"/> Utility Receipts Tax (URT)  |
| <input type="checkbox"/> Withholding (WTH)               | <input type="checkbox"/> Gasoline Distributors (MFT) |
| <input type="checkbox"/> Prepaid Sales on Gasoline (PPD) | <input type="checkbox"/> Special Fuel Tax (SFT)      |
| <input type="checkbox"/> Corporate Income (COR)          | <input type="checkbox"/> Streamlined Sales Tax (SST) |
| <input type="checkbox"/> Type II Gaming (TTG)            | <input type="checkbox"/> Cigarette Tax (CIG)         |

*Please choose an EFT method. If you choose ACH Debit, you must also complete the banking information portion of this form, and attach a copy of a voided check to verify the banking information.*

- ACH Credit  ACH Debit\* (Complete bank information)

Do not use this form to register for INtax. Visit [www.intax.in.gov](http://www.intax.in.gov)

Bank ABA#: \_\_\_\_\_  
(Transit Routing Number)

- Checking or  Savings

Your Account #: \_\_\_\_\_  
(With the above bank)

\_\_\_\_\_  
**Authorized Signature** **Title** **Date**

\*If ACH Debit is chosen, the taxpayer hereby authorizes the Indiana Department of Revenue to present debit entries into the bank account referenced above as required by Indiana Law. These debits will pertain only to Electronic Funds Transfer payments that the taxpayer has initiated.

This form may be faxed or mailed.  
Fax # .....(317) 232-1851  
Questions? .....(317) 232-5500

EFT Section, Room N248, MS 103  
Indiana Department of Revenue  
100 N. Senate Ave.  
Indianapolis, IN 46204-2253

## Client Information Form

Please note: Company will not be set up unless all applicable information is completed

- Please Check:**
- New Customer**
  - Revised (Please select type of revision(s) below)**
    - Processing Window**
    - Account Number (Signature Required)**
  - Close / Inactivate**

**Processor Name** TOTAL PAYROLL SOLUTION **PIN** \_\_\_\_\_

**Company Legal Name** \_\_\_\_\_

**Company dba name** \_\_\_\_\_

**Company Ownership (please list names of all company owners)** \_\_\_\_\_

**Tax Identification Number\*** \_\_\_\_\_ **Years in Business** \_\_\_\_\_

\* **Federal Tax ID # verification is also required to be submitted with this form.** Acceptable verification options include: any official document from a trusted third party listing company name along with tax ID (i.e. any IRS Form including SS-4 or 147-C, tax return signed by entity & preparer, printout from EFTPS)

**Company Address (physical address, PO Boxes not accepted)** \_\_\_\_\_

**Company City, State, Zip** \_\_\_\_\_

**Company Contact Person** \_\_\_\_\_ **Company Phone #** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Processing Window**

- 3 Day Processing Window (24 hour)**
- 4 Day Processing Window (48 hour)**

**Type of Transactions to be submitted:**

- Payroll Direct Deposit**
- Billing (fees)**
- Tax Impound**
- Tax Payment**
- Vendor Payment**
- Net Pay Impound**

**For Revised Account Information ONLY:**

*Old/Current – Routing Number* \_\_\_\_\_ *Account Number* \_\_\_\_\_

*New – Routing Number* \_\_\_\_\_ *Account Number* \_\_\_\_\_

**Processor Signature (individual MUST be listed on Authorized Individuals form on file at InterceptEFT):**

**Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Company Authorization Agreement

THIS AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, between \_\_\_\_\_ (COMPANY) whose address is \_\_\_\_\_, and \_\_\_\_\_ TOTAL PAYROLL SOLUTION \_\_\_\_\_ (PROCESSOR) and/or TPA and INTERCEPT CORPORATION (IC).

### Definitions:

The terms stated below shall have the following meaning:

IC	Intercept Corporation
PROCESSOR	Processor noted above. The terms Processor and TPA are interchangeable.
COMPANY	Company noted above
TRANSACTIONEE	Company's Employee or Company's Customer
ACH	Automated Clearing House: the system through which electronic funds are transferred
NACHA	National Automated Clearing House Association: the governing body which defines the Rules and Regulations and file formats required to transfer money via the ACH system
BANK	A depository financial institution including, but not limited to a commercial bank, savings bank or credit union
CREDIT	Transfer of money to an account/deposit
DEBIT	Transfer of money from an account/withdrawal
TPA	Third party administrator of flexible benefits/cafeteria plan/ERISA plan

### I. Services Provided

- 1.0 Company authorizes Processor and/or TPA to create and transmit ACH files to IC for the purpose of transferring funds through the Automated Clearing House (ACH) pursuant to the terms of this Agreement and the rules of the National Automated Clearing House Association (NACHA), laws of the State of North Dakota, and applicable federal rules and regulations for various purposes including, but not limited to providing direct deposit of payroll for Company's employees (Transactees), transfers of funds for flexible benefits plans, tax impounding or any other reason Company may desire to transfer funds electronically through the ACH.
- 1.1 COMPANY UNDERSTANDS THAT IC PROVIDES ITS SERVICES ONLY TO PROCESSOR AND/OR TPA AND COMPANY. ALL FUNDS TO BE TRANSFERRED, WHETHER PAYROLL, FLEX BENEFITS, OR ANY OTHER FUNDS, MUST BE COLLATERALLY FUNDED AND FULLY GUARANTEED BY PROCESSOR, TPA, AND COMPANY. COMPANY UNDERSTANDS AND AGREES THAT IT WILL NOTIFY ITS TRANSACTIONEEES OF THIS RELATIONSHIP WHEN APPLICABLE.

### II. Automated Transfers

- 2.0 Company warrants to IC that Company will have sufficient funds on hand to honor all transfer instructions received and processed by IC in the Company's bank account as disclosed herewithin and authorized by IC to electronically transfer from. In the event that transfer instructions are sent to IC and there are not sufficient funds on hand to honor the transfer instructions, such transfer instructions shall be "in error".
- 2.1 IC may refuse to follow Processor's and/or TPA's transfer instructions if IC reasonably and in good faith believes that Company's bank account balance is insufficient to fund the dollar amount of the payment instructions, IC reasonably believes that Company, Company's customer, or Company's Transactionee Bank will return, reverse or otherwise dishonor the debit to Company's, Company's customer, or Company's Transactionee's bank or to TPA's trust account, or for any other reason IC deems reasonable.



Bank Account

Bank Name \_\_\_\_\_

Bank Routing Number (nine digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type (checking or savings) \_\_\_\_\_

5.11 **Counterparts:** The parties hereto may execute this Agreement in any number of separate counterparts (including by portable document format (pdf) or facsimile), each of which, when executed and delivered by the parties hereto, shall have the force and effect of any original. All such counterparts shall be deemed to constitute one and the same instrument.

5.12 **Notification:** All notices or other communications required or permitted hereunder shall be in writing and shall be effective upon the earliest of: (a) personal service, (b) upon receipt if mailed, (c) the next business day, if sent by overnight courier within the United States, or (d) upon confirmation (including electronic verification) of receipt of a facsimile message, addressed:

If to IC, to:

Intercept Corporation  
1700 42<sup>nd</sup> Street S, Suite 2000  
Fargo, ND 58103  
Fax: (701) 241-9930  
Attn: Bryan Smith

If to Processor, to:

Legal Name of Processor: TOTAL PAYROLL SOLUTION  
Street Address: 2200 N Walnut St Muncie, IN 47303  
Fax: 1-877-848-2153  
Attn: Director of Operations

If to TPA, to:

Legal Name of TPA: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Attn: \_\_\_\_\_

If to Company, to:

Legal Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Attn: \_\_\_\_\_



COMPANY

PROCESSOR

INTERCEPT CORPORATION

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Federal Tax ID Number

TPA (If Applicable)

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

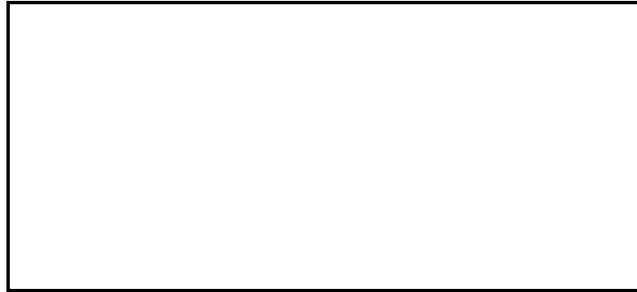
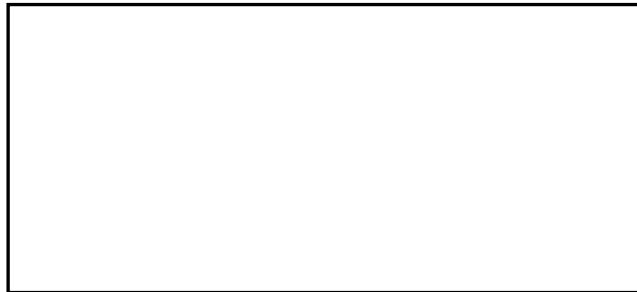
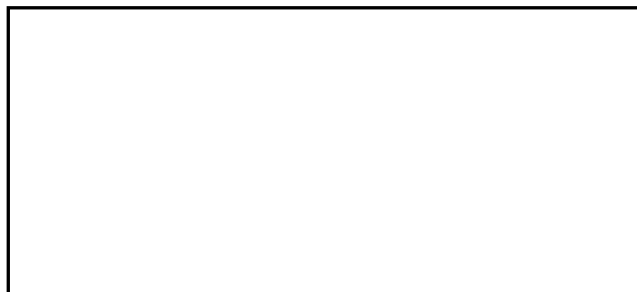
Rev. 06/2009



# CHECK SIGNATURE FORM

This form is intended to capture your signature for use on payroll check, employee voluntary deduction checks, court ordered employee wage garnishments, and any manual tax payments that need to be made. Signing this form also indicates that you are allowing us to place your signature on these checks.

Please sign with a gel or felt tip pen inside all three boxes. Do not touch or go over the lines. We will use the best signature for your checks. Please use one form per signature if multiple signatures are required on checks.

A large, empty rectangular box with a black border, intended for a signature.A large, empty rectangular box with a black border, intended for a signature.A large, empty rectangular box with a black border, intended for a signature.