

New Client Data Sheet

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Delivery Address: _____

(If Different) _____

City: _____ State: _____ Zip Code: _____

Spec. Del. Instr. _____

Telephone #: _____ Fax #: _____

Contact Person: _____ Email: _____

Federal Tax ID #: _____

State Tax Information:	Withholding ID#	Unemployment Tax ID #	Unemployment Tax Rate
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State: _____	_____	_____	_____%
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State: _____	_____	_____	_____%
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State: _____	_____	_____	_____%
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PAY FREQUENCY: Weekly Bi-Weekly Semi-Monthly Monthly

PAYROLL CALENDARS SETUP INFO:

- First pay day w/ExcelPay: _____
- Beginning day of first pay period w/ExcelPay: _____
- Ending day of first pay period w/ExcelPay: _____

YEAR-TO-DATE PAYROLL INFORMATION:

- Are YTD pay amounts to be loaded? Yes No *If Yes, attach YTD client payroll report.*
- If YTD totals are being loaded, is first ExcelPay payroll the first payroll of a calendar quarter?
Yes No *If No, attach YTD report as of completion of most recent quarter and QTD as of most recent payroll.*

ADDITIONAL DOCUMENTATION REQUIRED:

- Authorization to Debit Client Account
- Signature Digitization Form
- IRS Form 8655 - Reporting Agent



AUTHORIZATION TO DEBIT CLIENT BANK ACCOUNT

Client Name: _____

Client hereby authorizes ExcelPay Business Solutions, LLC ("ExcelPay") to initiate and process an ACH Debit(s) out of Client's banking account(s) as specified below ("DDA") at the financial institution specified below ("ABA") for one or more of the following items:

- Payroll tax obligations calculated by ExcelPay,
- Payroll obligations (employee net pay checks and direct deposit) calculated by ExcelPay,
- Service fees applicable to professional services rendered by ExcelPay.

Bank Account #1

Bank Name: _____

Bank Routing # (ABA): _____

Bank Account # (DDA): _____

Used For Payment Of: **Payroll Taxes** **Payroll** **Service Fees**

Bank Account #2

Bank Name: _____

Bank Routing # (ABA): _____

Bank Account # (DDA): _____

Used For Payment Of: **Payroll Taxes** **Payroll** **Service Fees**

Bank Account #3

Bank Name: _____

Bank Routing # (ABA): _____

Bank Account # (DDA): _____

Used For Payment Of: **Payroll Taxes** **Payroll** **Service Fees**

Client's Bank is hereby authorized to charge Client's designated DDA account for payment of any of the three items listed above. In consideration of Bank's compliance with this Authorization, Client agrees that Bank's rights with respect to any transaction generated as a result of this Authorization shall be the same as if it were initiated by Client, and that if any transaction is dishonored, whether with or without cause, Bank shall be under no liability whatsoever.

This Authorization shall remain in effect unless and until revoked in writing by Client, and until both Bank and ExcelPay have received such notice and have had reasonable time to act upon such notice.

Client Authorization Signature:

Date:



Two dashed rectangular boxes for signature practice.

Signature Digitization Form

Instructions:

Step	Action
1	Practice signing your name twice in the Practice boxes provided on the facing page. (We have found that it is sometimes difficult to sign one's name within the boundary constraints of the small boxes- which are necessary because of banking system signature requirements). NOTE: Please review the SAMPLE boxes on the facing page
2	Sign your name(s) within the box above using a 'heavy' black ball point pen. Digitization cannot proceed if any portion of your signature falls outside the box (checks with "clipped" signatures are rejected by the banking system)
3	Return this form to your ExcelPay payroll representative. Do not fold, bend, or other wise damage this form.

CUT ON DOTTED LINE BEFORE SENDING

↓ PRACTICE BOXES ↓

Empty dashed rectangular box for signature practice.

← Practice Box 1

Empty dashed rectangular box for signature practice.

← Practice Box 2

↓ SAMPLE BOXES ↓

Dashed box containing a sample signature.

← NO

Signature must stay within dotted lines

Dashed box containing two sample signatures.

← NO

Two Signatures are OK, but can not have a line between them

Dashed box containing a sample signature.

← YES

Dashed box containing a sample signature.

← YES

EXCELPAY SERVICES AGREEMENT

In accordance with the following terms and conditions, **EXCELPAY BUSINESS SOLUTIONS, LLC** (referred herein as "ExcelPay"), 2625 Cumberland Parkway, Suite 100, Atlanta, GA, 30339 agrees to provide professional services to Client (as listed on the pricing quotation(s) attached hereto) and is binding when executed.

- SERVICE(S) TO BE PERFORMED.** ExcelPay agrees to provide professional payroll and payroll tax services accurately and timely based on timely receipt from Client of accurate information, data, and instruction. In the event ExcelPay shall fail to timely remit a Client payroll tax payment for the proper amount or fails to timely submit a governmental agency payroll tax report, ExcelPay shall be financially responsible any penalties or interest that may arise provided that Client allows ExcelPay a reasonable amount of time to attempt to have the penalties and/or interest abated.
- CLIENT'S RESPONSIBILITY.** Client agrees that funds representing the total amount due for all applicable ExcelPay billings for taxes, payroll (direct deposit and net pay checks), and services fees must be on deposit in Client's designated bank account in collectible form on the day the ExcelPay EFT debit charge is initiated. Client agrees to execute all documentation requested by ExcelPay to perform its responsibilities under this Agreement, and to review all reports and documents produced by ExcelPay to determine their accuracy;
- TERM OF AGREEMENT, CLIENT DEFAULT & TERMINATION.** This Agreement shall begin when executed and shall continue until terminated by Client or by ExcelPay in accordance with the provisions contained in this paragraph. Upon termination of this Agreement, ExcelPay's sole responsibility to Client shall be to return to Client any Client funds held by ExcelPay, after the deduction of all fees and expenses due ExcelPay. In the event that any ExcelPay EFT transaction on Client's account is returned due to insufficient funds or any other reason, then ExcelPay, at its sole option, may terminate this Agreement and declare all amounts due and immediately payable. Client agrees to promptly reimburse ExcelPay for all advances made by ExcelPay including all NSF and processing fees incurred and to pay interest on the unpaid amount at the rate of one and one-half (1½) percent per month until paid. Client agrees to pay ExcelPay for all collection costs including reasonable attorney fees which ExcelPay may incur as a result of Client's default. This Agreement may be terminated by either party with 30 days advance written notice. ExcelPay may terminate this Agreement immediately in the event that: A) Client defaults, pursuant to the provisions of this paragraph above, B) Client becomes bankrupt or insolvent, or C) Any federal, state, or local legislation, regulatory action or judicial decision which, in the sole discretion of ExcelPay, adversely affects its interests under this Agreement. Such termination shall not relieve Client of any obligation set forth herein including, but not limited to, its payment obligation to ExcelPay.
- LIMIT OF LIABILITY.** ExcelPay shall only be liable for its own negligence and not the negligence of any other person or entity which provides services in connection with or as a result of ExcelPay's performance of its obligations under this Agreement. ExcelPay's sole liability and the Client's sole remedy for ExcelPay's failure to perform the services required of it by this Agreement, shall be for ExcelPay to remit to the appropriate Payee the funds received from the Client and to reimburse the Client (or its employees, with respect to Direct Deposit) for any interest or penalties relating to such error or omission by ExcelPay. ExcelPay shall under no circumstances, be responsible or liable for any special, indirect, incidental or consequential damages which Client may incur as a result of ExcelPay's failure to perform any term or condition of this Agreement, or as a result of ExcelPay's exercise of its rights under this Agreement, even if ExcelPay has been advised of the possibility of such damages.
- MISCELLANEOUS.** This Agreement shall be governed by the laws of the State of Georgia. Any dispute arising out of or in connection with this Agreement, if not otherwise resolved, shall be determined by binding arbitration in Atlanta, Georgia, in accordance with the commercial rules of the American Arbitration Association. This arbitration provision shall survive the termination of this Agreement. This Agreement contains the entire understanding of the parties except as may be modified by a subsequent writing signed by both parties. The Client acknowledges that there have been no other representations or warranties made by ExcelPay or the Client, which are not set forth in this Agreement. ExcelPay may modify any term of this Agreement by written notice to Client of such change and the effective date thereof. Client shall be deemed to have accepted and agreed to such changes unless Client elects to terminate this Agreement by written notice to ExcelPay prior to the effective date of the change. If any provision of this Agreement or any portion thereof shall be held to be invalid, illegal or unenforceable, the remaining provisions shall remain in effect and be interpreted to effectuate the intent and purposes of this Agreement.

ACCEPTED BY CLIENT:

DATE:

ACCEPTED BY EXCELPAY:

DATE:

Reporting Agent Authorization

Taxpayer

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

Reporting Agent

9 Name (enter company name or name of business) ExcelPay Business Solutions, LLC		10 Employer identification number (EIN) 58-2541895
11 Address (number, street, and room or suite no.) 2625 Cumberland Parkway, Suite 100		
City or town, state, and ZIP code Atlanta, GA 30339		
12 Contact person Tynes Hildebrand or Patty Mann	13 Daytime telephone number 770-508-1400	14 Fax number 770-508-1425

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 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	944-PR _____	944-SS _____	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 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	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

_____ Signature of taxpayer	_____ Title	_____ Date
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