

Enrollment Form

COMPANY INFORMATION

COMPANY LEGAL NAME: _____

COMPANY DBA: _____

COMPANY LEGAL ADDRESS: _____

COMPANY CITY/STATE/ZIP: _____

COMPANY PHONE NUMBER: _____

COMPANY ADDRESS: _____

(If different from legal address)

CITY/STATE/ZIP: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____

STATES IN WHICH YOU HAVE EMPLOYEES: _____

PRINCIPAL(S) INFORMATION

PRINCIPAL #1

PRINCIPAL NAME: _____

PRINCIPAL EMAIL: _____

PRINCIPAL SSN: _____ PRINCIPAL DATE OF BIRTH: _____

PRINCIPAL #2

PRINCIPAL NAME: _____

PRINCIPAL EMAIL: _____

Review the [QuickBooks Payroll Service Agreement](#), then sign and date below.

Authorized Signature Required. *The signature of a principal or duly authorized officer of the company is required.*

Agreement signed on _____ by _____, a
Date Print company name

COMPANY TYPE: _____

Required: Authorized Signature

If applicable: Second Signature

By: _____
Signature

By: _____
Signature

Name and Title: _____
Print signer's name and title

Name and Title: _____
Print signer's name and title

Contact Changes

This form is to make changes to your account. Please fill out each section that applies to the changes you are making. Please fax your completed form to the number at the bottom of this page.

Company Information: (must be completed)

Company Legal Name _____ FEIN _____
(Federal Employer ID Number)

Payroll Administrator Change: (Will be the main contact person for your day to day payroll issues and activities. The Payroll Administrator should be someone who actually processes the payroll for your company, who has access to all your payroll information and who can answer questions on the company's behalf regarding details of your company's payroll. Only one Payroll Administrator allowed.)

PAYROLL ADMINISTRATOR _____

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

Payroll Contact Change: (Authorized to ask questions about how the payroll service works. No Confidential Information will be given to this person. This person is not allowed to make any account or payroll changes. More than one Contact person allowed.)

PAYROLL CONTACT _____
Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

PAYROLL CONTACT _____
Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

PAYROLL CONTACT _____
Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

General Company Information:

PHONE NUMBER _____ FAX NUMBER _____

Authorization

I hereby state that I am an authorized signer of this company, and by signing below I acknowledge and understand that Intuit will update this request. I agree to accept any and all liability for the change to the account.

Authorized signature

Title

Print name

Date