

Contact Authorization Form

This written form must be submitted to CheckWriters for all Client Contact initiations, restrictions and suspensions.

Contact 1 {Choose from Legend below}

First Name	Last Name	Position	Contact Type	Product Access
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Email 1	Email 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Notes				
<input style="height: 40px;" type="text"/>				

Contact 2 {Choose from Legend below}

First Name	Last Name	Position	Contact Type	Product Access
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Email 1	Email 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Notes				
<input style="height: 40px;" type="text"/>				

Contact 3 {Choose from Legend below}

First Name	Last Name	Position	Contact Type	Product Access
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Email 1	Email 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NOTES				
<input style="height: 40px;" type="text"/>				

Legend		Use these codes for Contact Type	Use these codes for Product Access
P=Payroll Contact - Primary	M=Management Contact	*Unlimited	*Tax Returns Only
S=Payroll Contact - Secondary	X= Contact/No Wage Access	*Payroll Only	*CheckVault Only
O= Company Owner - Principal	A= CPA Firm/Outside Accountant	*Time Sheets Only	*Terminate Access
3= 3rd party Administrator	T=Tax Contact Only	*HR Only	

Form Submitted By	Authorized Signature	Date
<input style="height: 30px;" type="text"/>	<input style="height: 30px;" type="text"/>	<input style="height: 30px;" type="text"/>

This form must be signed legibly