

Online Payroll Access

Configuration and Authorization

Revised 2016-07-29



I hereby request Fastpay Payroll Services to grant access to my payroll information via the Internet. Access will only be granted to those I have listed on this form. I understand that by Fastpay granting me/us access I/we will be able to modify or delete important payroll information. I also understand that deleting or incorrectly modifying payroll information may require additional corrective payrolls to be run, each of which may incur an additional payroll process charge. In the event that this access should be revoked or modified, I am responsible to notify Fastpay immediately.

Full Name/Title of 1st Person Requiring Access

Email Address

Full Name/Title of 2nd Person Requiring Access

Email Address

Remote Payroll _____	Fastpay Entry _____
Document Access: Yes ___ No ___ (Document access allows viewing of W2's and Quarterly information)	

Owner/CFO Signature

Date

Print Name and Title

Company Name & Number(s)
(For multiple companies, list all company numbers for which access is required.)

EIN of Primary Company (FED ID Number)

Fax this form to: Fastpay Payroll Services 806/780-4640 or Email to: Support@FastpayPayroll.com

For Fastpay Payroll Use Only:

Requested by:	Completed by:	Date:	Audited by:	Date:
_____	_____	_____	_____	_____