



CheckMark, Inc.
 323 W Drake Rd, Ste. 100
 Fort Collins, CO 80526
 Phone: 970-225-0522 - Fax: 970-225-0611
 Email: payrollservices@checkmark.com

Company Setup/Change Forms

Company Name _____	Client # _____	Date _____
Set Up	<input type="checkbox"/> New	<input type="checkbox"/> Change (only need to update information that changes)
Type of Payroll Service	<input type="checkbox"/> Pay & File Complete	<input type="checkbox"/> Pay & File Pro <input type="checkbox"/> Basic
Pay Frequency _____	First Payroll Run Date _____	

Company Name _____ DBA _____ use on forms

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Executive Contact _____ Title _____

Work # _____ Cell # _____ Fax # _____

Email _____

Payroll Contact _____ Work # _____ Fax # _____

Email _____

After Hours Contact _____ Cell # _____ Alternate # _____

Billing Options: Credit Card ACH (Complete appropriate form for payment)

Payment Options:

Direct Deposit Pay Card CheckMark Checks PDF Checks (Provide a voided company check)

If CheckMark Checks is selected, do you want a signature file created? Yes No (If yes, fill out Signature Scan

Form – Extra fee will apply)

If CheckMark Checks is selected, where will checks be sent? Company (overnight charges will apply) Employee

Will CheckMark be signing your quarterly forms? Yes No (If yes, complete Form 2848 Power of Attorney and Form 8655 Reporting Agent)

Year-end W2s: none Printed W2s e-file W2s

Year-end 1099s: none Printed 1099s e-file 1099s

Federal Reporting Information (Please attach a copy of the IRS frequency notification)

Fed ID # _____

Federal Filing Status Semi-weekly Monthly

Federal Unemployment Tax (FUTA) Exempt Taxable

Will CheckMark be filing Federal Tax Forms? Yes No (If yes, list forms below and provide copies from current and prior year)

State Tax Information

State Unemployment Tax (SUTA) Exempt Taxable

How many states do you process payroll in? _____ (Complete State Tax Set Up form)

Will CheckMark be filing State Tax Forms? Yes No (If yes, list forms below and provide copies from current and prior year)



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Local Tax Information

Do you have a local tax deduction? Yes No **(If yes, complete the Local Tax Set Up form.)**
 Will CheckMark be filing Local Tax Forms? Yes No **(If yes, list forms below and provide copies from current and prior year)**

Department Information

Do you process payroll using departments? Yes No **(If yes, complete the Department Set Up form.)**

Wage Information

Wages are calculated for payroll by Hour Salary Both
(If hour or both is selected, complete the Hour Category set up form.)

Additional Income Information

Do you have additional income categories other than wages? Yes No
(If yes, complete the Additional Income Category set up form.)

Deduction Information

Do you have deduction categories other than federal, social security, Medicare, state and local taxes? Yes No
(If yes, complete the Deduction Category set up form)

Employee Information

Complete an Employee Set Up form for each employee. **Please provide a copy of each W-4, garnishment orders and YTD earning for each employee.** (YTD Earning are only required if this is a mid-year setup for payroll)

Payees Information

Will CheckMark be providing payment for taxes and/or deductions? Yes No
(If yes, complete the Employer Payees Set Up form.)

Accounting Information

Will CheckMark be providing you a posting summary file or report? Yes No
(If yes, complete the Ledger Account Set Up form or attach a chart of accounts.)

<i>In-house Use only:</i>		Date _____
Salesperson _____	Payroll Specialist _____	
Type of Service: <input type="checkbox"/> Pay & File Complete	<input type="checkbox"/> Pay & File Pro	<input type="checkbox"/> Basic
Billing: <input type="checkbox"/> Credit Card	<input type="checkbox"/> ACH	
Payment: <input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pay Card	<input type="checkbox"/> CheckMark Checks <input type="checkbox"/> PDF Checks
Signature File: <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Federal: <input type="checkbox"/> 941 <input type="checkbox"/> 943 <input type="checkbox"/> 944		
State: _____	Locality _____	
Year-end W2s: <input type="checkbox"/> none	<input type="checkbox"/> Printed W2s	<input type="checkbox"/> e-file W2s
Year-end 1099s: <input type="checkbox"/> none	<input type="checkbox"/> Printed 1099s	<input type="checkbox"/> e-file 1099s



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Department Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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List the department names for your company payroll. You will be able to enter hours by department for your employees. You are limited to 99 departments per company and department names are limited to 17 characters.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ | <ol style="list-style-type: none"> 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____ |
|--|---|



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State Tax Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New <input type="checkbox"/> Change
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State Income Tax Withholding Information. List the states, state ID #, State Filing Frequency and SUTA % for each state that you process payroll. Please attach a state deposit coupon and a copy of rate notice. (State Filing Frequency: Semiweekly, Qrt Monthly, Monthly, Follows Fed, Weekly, Eighth Monthly, Quarterly, Semi-monthly). If this is a change request, only update the sections that have changed.

- | | | | | |
|----|-------------|------------------|------------------------------|--------------|
| 1. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 2. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 3. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 4. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 5. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 6. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 7. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |
| 8. | State _____ | State ID # _____ | State Filing Frequency _____ | SUTA % _____ |



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Local Tax Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New <input type="checkbox"/> Change
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List the localities that you process payroll in. Disability and Family Leave Taxes can also be set up as local taxes. You are limited to 10 local taxes per company and 1 per employee. If this is a change request, only update the sections that have changed.

Local Tax _____ Type Fixed % Annual Wage Limit _____
 Fixed Amt per Pay Period Hour Worked 1st Check of Month
 Tax Table

Local Tax _____ Type Fixed % Annual Wage Limit _____
 Fixed Amt per Pay Period Hour Worked 1st Check of Month
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Hour Category Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Default categories have been setup. You can change the category name and setup, if needed. It is important to put the most frequently used categories in the list first. Maximum number of categories is 8 per company. Each employee can have up to 4 different hourly rates and the individual hourly rates are assigned at the employee level. You should check the box entitled "Use in calculations based on hours worked" if you will accrue hours for vacation/sick based on hours worked or have an income or deduction calculation is based on hours worked. If this is a change request, only update the sections that have changed.

<p>Regular _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>	<p>Vacation _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>
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<p>Overtime _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>	<p>Comp _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>
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<p>DbITime _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>	<p>Sick _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>
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<p>PayRate2 _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>	<p>Holiday _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>
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<p>PayRate3 _____</p> <p><input type="checkbox"/> Hour Rate 1 <input type="checkbox"/> 1.0 times</p> <p><input type="checkbox"/> Hour Rate 2 <input type="checkbox"/> 1.5 times</p> <p><input type="checkbox"/> Hour Rate 3 <input type="checkbox"/> 2.0 times</p> <p><input type="checkbox"/> Hour Rate 4 <input type="checkbox"/> 0.5 times</p> <p><input type="checkbox"/> Use in calculations based on hours worked</p>



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Additional Income Category Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Default categories have been setup. You can change the category name and setup, if needed. Maximum number of categories is 20 per company and 4 can be assigned to each employee. Below is a list of standard additional income categories. Select the additional income categories needed for your company set up. You may make a name change and provide any changes required in the set up. Attach additional sheet if needed. If this is a change request, only update the sections that have changed.

** C/E – amount set at company level or employee level

	C/E	Category Name	Default Set Up	Change Category Name	Change Set Up To:
<input type="checkbox"/>	E	Advance	Variable Amount Exempt from all Taxes		
<input type="checkbox"/>	E	Allocated Tip	Variable Amount Omit from Net Exempt from all Taxes		
<input type="checkbox"/>	E	Bonus	Variable Amount Taxable		
<input type="checkbox"/>	E	Commission	Fixed % of Sales Taxable		
<input type="checkbox"/>	E	Fringe Benefit	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	E	HSA-Co	Variable Amount Exempt from all taxes W2 – Box12 Code W		
<input type="checkbox"/>	E	Insurance Benefit	Fixed Amt per pay period Taxable Omit from Net		
<input type="checkbox"/>	E	Lifeln > 50K	Variable Amount Taxable W2 – Box 12 Code C		
<input type="checkbox"/>	E	Jury Duty	Fixed Amt per Hour Worked Taxable		
<input type="checkbox"/>	E	Lodging	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	C	Mileage	\$.555 per Mile Taxable		
<input type="checkbox"/>	E	Piecework	Piecework Rate Taxable		
<input type="checkbox"/>	E	Profit Share	Variable Amount Taxable		
<input type="checkbox"/>	E	Reimburse	Variable Amount Exempt from all taxes		
<input type="checkbox"/>	E	Reported Tip	Variable Amount Omit from Net Taxable		
<input type="checkbox"/>	E	Retro Pay	Variable Amount Taxable		
<input type="checkbox"/>	E	Shift Diff	Fixed Amt per Hour Worked Taxable		



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Deduction Category Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Default categories have been setup. You can change the category name and setup, if needed. Maximum number of categories is 30 per company and 8 can be assigned to each employee. Below is a list of standard deduction categories. Select the deduction categories needed for your company set up. You may make a name change and provide any changes required in the set up. Attach additional sheet if needed. If this is a change request, only update the sections that have changed.

** C/E – amount set at company level or employee level

	C/E	Employer Match	Category Name	Default Set Up	Change Category Name	Change Set Up To:
<input type="checkbox"/>	E	<input type="checkbox"/>	401(k)	Fixed % Apply to Total Wages Annual deduction limit \$16500 Exempt from Fed & state W2 – Box 12 Code D		
<input type="checkbox"/>	E	<input type="checkbox"/>	403(b)	Fixed % Apply to Total Wages Exempt from Fed & state W2 – Box 12 Code E		
<input type="checkbox"/>	E	<input type="checkbox"/>	457(b)	Fixed % Apply to Total Wages Exempt from Fed & state W2 – Box 12 Code G		
<input type="checkbox"/>	E	<input type="checkbox"/>	Cafe Plan	Fixed Amt per Pay Period Exempt from Fed, SS, Med, FUTA		
<input type="checkbox"/>	E	<input type="checkbox"/>	Child Support	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	C	<input type="checkbox"/>	ETT	Fixed % Apply to Total Wages Annual Wages limit of \$7000 Taxable Employer Match		
<input type="checkbox"/>	E	<input type="checkbox"/>	Flex Plan	Fixed Amt per pay period Exempt from Fed, SS, Med, FUTA		
<input type="checkbox"/>	E	<input type="checkbox"/>	Garnishment	Fixed Amt per pay period Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	HAS-Em	Fixed Amt per pay period Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	Life Ins	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	Loan	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	Medical Ins	Fixed Amt per Pay Period Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	Reimburse	Variable Amount Taxable		
<input type="checkbox"/>	E	<input type="checkbox"/>	Roth 401k	Fixed % Apply to Total Wages Taxable W2 – Box 12 Code AA		
<input type="checkbox"/>	E	<input type="checkbox"/>	Roth 403b	Fixed % Apply to Total Wages Taxable W2 – Box 12 Code BB		
<input type="checkbox"/>	E	<input type="checkbox"/>	SARSEP	Fixed % Apply to Total Wages Exempt from Fed & State tax		



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Employee Set Up/Change

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New <input type="checkbox"/> Change
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Complete an employee set up form for each employee. Attach a copy of employee's W-4 and YTD Balances if this is a mid-year set up. If this is a change request, only update the sections that have changed.

Personal

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Birth Date _____ Employee # _____ Department (select 1) _____

Payment Options - If Direct Deposit or Pay Card is selected, provide copies of the direct deposit/pay card forms signed by the employee and provide a voided check for each account.

Type of Payment: Direct Deposit Pay Card CheckMark Checks PDF Checks

Wages

Employee Type: Full Time Part Time

Employee Status: Active – Hire Date _____ Seasonal Terminated – Date _____

Salary _____ (Per pay period) Hourly _____ / _____ / _____ / _____ Pay Frequency _____ (4 hourly rates per employee)

Tax Set Up - Attach a copy of employees W-4 and separate state/local allowance form, if applicable.

SUTA State _____

Exempt From: Social Security Medicare FUTA SUTA

W2 Options: Retirement Plan Statuary Employee Sick Pay

Additional Income - List the income categories and individual employee set up. Employees can have up to 4 additional incomes. (Reference Company's Additional Income Category Set Up/Change Form)

Deductions - List the deduction categories and individual employee set up. Employees can have up to 8 deductions. Reference Company's Deduction Category Set Up/Change Form Be sure to list the amount of the employer match, if one applies. **(Attach copy of court order deductions and garnishment papers)**

Accruals - Employees can have up to 3 accruals.

Hour Category	Accrue By: ● Hour ● Month ● Pay Period ● Year	Date that Hours Start To Accrue Hours On	Number of hours earned each accrual period	Maximum number of hours allowed before the employee starts to loose hours (if any)	Opening balances – number of hours currently available



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Independent Contractor (1099) Set Up/Change

Employer / Client _____ **Client #** _____ **Date** _____ **New** **Change**

Complete a contractor set up form for each 1099 contractor. Attach a copy of 1099 contractor's W-9 and YTD balances if this is a mid-year set up. If this is a change request, only update the sections that have changed.

Personal

First Name _____ Last Name _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip _____
 Phone # _____ Email _____
 Social Security # _____ Birth Date _____
 Employee # _____

Payment Options - If Direct Deposit or Pay Card is selected, provide copies of the direct deposit/pay card forms signed by the employee and provide a voided check for each account.

Type of Payment: Direct Deposit Pay Card CheckMark Checks PDF Checks

Pay Rates

Flat Rate _____ (Per pay period) Hourly _____ / _____ / _____ / _____ Pay Frequency _____
 (4 hourly rates per contractor)



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Payee Set Up/Change Form (Pay & File Clients only)

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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List the Payees necessary for your payroll taxes and deductions. Download additional pages as needed.

Payee Name _____

Type of Payment: .pdf Check* CheckMark Check* Web Payment**

* Voided check required

** Website and login information required

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Reference ID# _____ Type of Payment _____

**Website _____

**Login Name _____ **Password _____

Payee Name _____

Type of Payment: .pdf Check* CheckMark Check* Web Payment***

* Voided check required

** Website and login information required

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Reference ID# _____ Type of Payment _____

**Website _____

**Login Name _____ **Password _____



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Ledger Account Set Up/Change Form

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Attach a list of your chart of accounts or provide the information below.

Payroll Category	Account #



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Credit Card Authorization Form

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Company Name: _____

Client #: _____

Cardholder Name: _____

Billing Address of Credit Card: _____

Credit Card Type: Visa Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Amount to be charged: Per Payroll Charges

Amount to be applied to: Per Payroll Charges

I authorize CheckMark, Inc to charge the above credit card in the amount shown above.

 Printed Name

 Signature

 Date



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Signature Scan Form

Employer / Client _____	Client # _____	Date _____	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Company Name:	
Person requesting signature within your Company	Authorizing person approving this scan:
Signature Name (1) TOP (please sign your name 3 times below)	Signature Name (2) BOTTOM (please sign your name 3 times below)

IMPORTANT INSTRUCTIONS & NOTES:

- All signatures request forms **MUST** have the name of the person requesting the signature as well as an authorizing individual within the company approving.
- Please sign signature inside of **all three** (3) boxes. If part of the signature is on the outside of the box, it will NOT show up.
- Mail original form to the address above – Attention Payroll Services. **Please do not fax this form.**

PLEASE CHECK ONE:

- One (1) signature required on checks
- Two (2) signatures required on checks

Signature (1)

Signature (2)



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Employer / Client _____ Client # _____ Date _____ New Change

Direct Deposit / Paycard Authorization Form

- New Enrollment (Complete and sign this form and attach a **VOIDED CHECK** for each account)
- Change of Accounts and/or Financial Institution (Complete and sign this form and attach a **VOIDED CHECK/ PAYCARD ENROLLMENT FORM** for each account)
- Cancel Participation (Sign form)

Direct Deposit

Primary Account Checking Savings
 Will be credited with the balance of net after deposits are made to any secondary accounts, if designated.

Financial Institution _____
 Routing Number _____ Account Number _____

Secondary Account (Optional) Checking Savings
 Dollar amount to be deposited each paycheck \$ _____

Financial Institution _____
 Routing Number _____ Account Number _____

Paycard

Primary Card
 Will be credited with the balance of net after deposits are made to any secondary accounts, if designated.

Financial Institution _____
 Routing Number _____ Account Number _____
(Enter last 4 digits of your paycard account)

Secondary Account (Optional)
 Dollar amount to be deposited each paycheck \$ _____

Financial Institution _____
 Routing Number _____ Account Number _____
(Enter last 4 digits of your paycard account)

Authorization Statement

I hereby authorize CheckMark, Inc. and the financial institution(s) listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize CheckMark, Inc. to direct the financial institution(s) to return said funds. This authority will remain in effect until I have signed a new authorization form.

 Employee Signature

 Date