



# Basic Business Solutions

1193 SE Port St Lucie Blvd, Suite 101, Port St Lucie, Florida, 34952 · Phone: 800.742.8220 · Fax: 772.872.7284

## Payroll Service Implementation Form

**( ) Mid-Year Implementation.** (Please include All Year-To-Date Quarterly Reports, and monthly reports, as necessary. Questions? Call us.)

Company Name:		Entity Type: ( )A ( )C ( )S ( )L ( )N ( )P ( )S		Company Code:	
Contact Name:		Contact Title:			
Address:		Suite No.:			
City:		State:		Zip Code:	
Telephone:		Fax:			
E-Mail Address:				SIC Code:	
First Payroll Date:	Standard Hours:	Benefits Anniversary Date:		Benefit Pre-Tax: ( ) Yes ( ) No	
Payroll Cycle: ( ) Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly		Default Payroll: ( ) Yes ( ) No		941 Reporting Frequency: ( ) Monthly ( ) Semi-Weekly	
Federal Employer ID Number:		EFTPS PIN:	Federal Unemployment Tax Rate:		
State Employer ID Number:		UCT Acct No:	State Unemployment Tax Rate:		
Start Payroll Check Number:	Worker's Comp Mod. Ratio:	Vacation Allowance:		Sick Hours Allowance:	
401(k) Plan: ( ) Yes ( ) No	401(k) Plan Match: ( ) Yes ( ) No	401(k) Match Explanation:			
Remarks/Comments:					Agent No:

### TERMS AND CONDITIONS

- Company shall perform the payroll processing services and any statutory reporting requirements on behalf of Customer in a professional manner.
- Customer shall pay to Company, for the services performed under this letter, compensation in the amount provided on the attached price sheet.
- Company is and shall remain an independent Company at all times. Company shall be responsible for hiring any assistance needed in performing under this letter at no additional cost to Customer. Company shall indemnify Customer for any and all damages and liabilities caused by Company or Company's assistance in their performance.
- Services can be terminated by providing each party a written notice. All correspondence shall be sent or faxed to the Company's or Customer's business address, as appropriate.
- Services shall not be assigned, nor any performance hereunder delegated by Company or Customer, without the express written consent of the other, which consent shall not be unreasonably withheld.
- Additional Terms and Conditions:
  - Client is responsible for prompt and accurate submission of all time worked.
  - Client is responsible for prompt and accurate submission of all personnel changes.
  - Client is responsible for funding its payroll, and all associated expenses. Returned debited amounts will incur an additional \$75 fee.
  - Client is responsible for providing Company Representatives with proper access during benefits enrollment sessions.

**I verify that the above information is correct to the best of my knowledge. If any information changes, during the term of the service agreement, I will immediately notify Basic Business Solutions of such change. Changes must be submitted in writing via U.S. Mail to the address above, or via fax at (772) 872-7284.**

\_\_\_\_\_  
Employer's Representative / Title  
(All requests must be signed)



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## Authorization Agreement for Use of Checking Account Information

I (we) hereby authorize **BASIC BUSINESS SOLUTIONS** to use the financial institution named below ("Bank") information for the processing of our company's payroll.

Company Name	Signer's Name	Bank Account Number		Bank Name
Bank Address	City	State	Zip Code	Bank Phone Number
ABA Transit / Routing Number (lower left corner of check)		Check Fraction	First Check Number to Use	

Attach Voided Check Here

I (we) hereby authorize **BASIC BUSINESS SOLUTIONS** to use the following signature when processing of our company's payroll checks and any associated reports.

A large dashed rectangular box intended for the authorized customer's signature.

This authorization is to remain in force until **BASIC BUSINESS SOLUTIONS** has received written notification of its termination.

\_\_\_\_\_  
Authorized Customer's Signature                      Date

\_\_\_\_\_  
Printed Name / Title



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## EMPLOYEE DATA SHEET

### SECTION I – To be completed by Employee

NAME (Last, First Middle Initial)		SSN	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	HOME PHONE	CELL PHONE (Required)
E-MAIL ADDRESS (Required)			
ADDRESS			
CITY	STATE	ZIP CODE	
W4 FORM TAX STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	NO. EXEMPTIONS	ADDITIONAL TAX AMOUNT	

### SECTION II – To be completed by Employer

TYPE OF REQUEST <input type="checkbox"/> New Hire <input type="checkbox"/> Change <input type="checkbox"/> Termination	EFFECTIVE DATE	STATUS <input type="checkbox"/> Active <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Terminated
COMPANY CODE	COMPANY NAME	
HIRE DATE	EMPLOYEE TYPE <input type="checkbox"/> SALARY <input type="checkbox"/> HOURLY	SALARY/HOURLY RATE
JOB TITLE	WORKERS COMP CODE	DEPARTMENT
I-9 FORM EXPIRATION DATE		

### EMPLOYER:

In addition to this form, you need to collect the following forms from new employees:

- Completed & Signed IRS Form W4
- Completed & Signed I-9 Form

\_\_\_\_\_  
Employer's Representative Signature

(All requests must be signed)

**FAX COMPLETED FORM TO (772) 872-7284**



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## DIRECT DEPOSIT AUTHORIZATION FORM

### EMPLOYEE INFORMATION

NAME <i>(Last, First Middle Initial)</i>		SSN
COMPANY CODE	COMPANY NAME	

### ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION BRANCH
ROUTING NUMBER	ACCOUNT NUMBER
TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	DAYTIME PHONE NUMBER

**Attach Voided Check Here**

This authority is to remain in full force and effect until Basic Business Solutions has received written notification from me of its termination in such time and manner as to afford Basic Business Solutions and the financial institution reasonable opportunity to act on it. I understand that Basic Business Solutions shall not be held responsible for any bank charges that may be attached to my account.

\_\_\_\_\_  
Employee's Signature / Date  
*(All requests must be signed)*

**Fax or Mail This Completed Form to the Address Shown Above.**