



NEW CLIENT SET-UP CHECK LIST

Please be sure to include all of the following items in your setup packet. Thanks!

- Proof of Federal ID# (*Tax deposit coupon or SS-4*)
- Proof of State ID # (*Tax deposit Coupon/Notice*)
- Voided check for payroll account
- Employee information for all active and terminated employees
(*Please see the "New Employee Forms" for all necessary information*)
- Payroll tax deposits for the current quarter (*on per period reports*)
- Payroll tax deposit frequency (*semi-weekly/monthly*)
- Unemployment tax deposits for the previous quarters in the current year
- Year to date totals for all employees and company total
- Quarter to date for all employees and company total
- Month to date for all employees and company total
- Copy of all payrolls in the current quarter
- Quarterly payroll tax returns for both Federal and State for the current year
(*Previous QTD if payroll tax returns have not been prepared yet*)
- Vacation/Sick Policy
- Health Insurance Information
- Retirement Plan information



Accuity, LLC

CERTIFIED PUBLIC ACCOUNTANTS
436 1st Avenue W • PO Box 1072
Albany, Oregon 97321 • (541) 223-5555

NEW CLIENT SET-UP FORM

This New Client Set-Up Form and all other forms included in this packet must be completed, signed and dated by a registered owner or officer in order to prevent any delays.

Current Payroll Method: In-house Outsource: _____ Number of Employees: _____

Company Legal Name: _____

Please include entity type (i.e. sole proprietary, LLC, INC, Non-Profit)

Company dba Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Phone: _____ Cell Phone: _____ Fax: _____

PAYROLL TAX

Federal payroll tax deposit requirement schedule? Monthly Semi-Monthly

For Internal Use Only

Federal EIN#: _____ - _____

Do you have any agricultural employees? Yes No

SUI Rate: _____%

OR State BIN#: _____ - _____

PAYROLL PROCESSING

Pay Schedule:

- Weekly Monthly
- Bi-Weekly Quarterly
- Semi-Monthly Annually

Pay Day(s): _____

Pay Cycle:

Start: _____ End: _____

Starting Check #: _____

Last Payroll Date: _____

First Check Date: _____

- Stuff & Seal Direct Deposit
- Print Checks Retirement
- HSA _____
- Worker's Comp
- Time & Attendance

PAYROLL DELIVERY

Pay Schedule:

- Email Delivery Standard Delivery

Email: _____

Password: _____

Employee Paystubs/Checks:

- Email Delivery Standard Delivery

Email on check date? Time: _____

Alt. date: _____ Time: _____

Standard Delivery Instructions:

- Pickup at Accuity office
- Delivery
- Mail (priority 3-day, overnight, standard)

Mailing/Delivery Address:

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____



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ADDITIONAL AUTHORIZED CONTACTS

*For your protection, please designate specific people within your company who will act as a point of contact.
Our Payroll Personnel are instructed not to talk to anyone other than these pre-approved contact(s).*

AUTHORIZED CONTACT:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: _____ Fax: _____

AUTHORIZED CONTACT:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: _____ Fax: _____

AUTHORIZED CONTACT:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: _____ Fax: _____

AUTHORIZED CONTACT:

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Phone: _____ Fax: _____



IMPORTANT TAX INFORMATION

Please be aware that you are responsible for the timely filing of employment tax returns for your employees, even if you have authorized a third party to file the returns and make the payments.

Therefore, the Internal Revenue Service recommends that you enroll in the U.S. Treasury Department's Electronic Federal Tax Payment System (EFTPS) to monitor your account and ensure timely payments are being made for you.

You may enroll in the EFTPS online at www.eftps.gov, or by calling (800) 555-4477 for an enrollment form.

State tax authorities generally offer similar means to verify tax payments. Contact the appropriate state offices directly for details. Oregon employers can get and application online at <http://www.oregon.gov/dor/ESERV/Pages/forms.aspx> or by calling (503) 947-2017.

By signing this form, I signify that I have read the Important Tax Information in the notice above and understand that I should to www.eftps.gov and the appropriate state system at any time to verify my tax payments and I am ultimately responsible for the timely payments of my employment taxes.

Name: _____

Signature: _____

Date: _____



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NEW EMPLOYEE ADD FORM & AUTHORIZATION FOR DIRECT DEPOSIT

Please ensure that all fields are completed accurately. Missing data can result in payroll delays.

Company Name: _____ Company #: _____

Social Security Number: ____ - ____ - ____ Employee #: ____ Date of Hire: ____ / ____ / ____

Salary Hourly Per period Salary/Hourly Rate \$ _____ Hours this pay period: _____

Married Single Head of Household Number of Exemptions: _____

Agricultural Employee? Yes No Dept./WC code #: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: ____ Zip: _____

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Accuity, LLC, to my account(s) at my financial institution(s) indicated by my voided check(s) below. Furthermore, I authorize my financial institution to accept credit entries sent on behalf of my employer to my account(s). I also authorize my employer and Accuity, LLC to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against the. I understand that Accuity, LLC is depositing my wages or salary for my convenience and that these deposits may be an advance of funds on behalf of my employer and are subject to funds being made available by my employer to Accuity, LLC. If my employer does not have the funds immediately available to Accuity, LLC, I authorize Accuity, LLC to debit my account to recover the advance or any other funds deposited in error. I agree to hold Accuity, LLC harmless from loss and agree to indemnify them. **MISCELLANEOUS PROVISIONS: The laws of the State of Oregon shall govern this agreement. The County of Linn in the State of Oregon is hereby designated as venue/jurisdiction for any action or proceeding arising out of or in any connection with this agreement.**

Account Type

Checking

Savings

IMPORTANT:

Deposit slips ARE NOT acceptable documents for Automatic Deposit

ATTACH VOIDED CHECK HERE

Employee Signature: _____ Date: _____



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NEW EMPLOYEE ADD/CHANGE FORM

Please ensure that all fields are completed accurately. Missing data can result in payroll delays.

Company Name: _____ Company #: _____

PLEASE SPECIFY IF WE ARE ADDING A NEW EMPLOYEE OR CHANGING AN EXISTING EMPLOYEE'S INFORMATION: Add Change

Social Security Number: _____ - _____ - _____ Employee #: _____ Date of Hire: _____ / _____ / _____

Salary Hourly Per period Salary/Hourly Rate \$ _____ Hours this pay period: _____

Married Single Head of Household Number of Exemptions: _____

Agricultural Employee? Yes No Dept./WC code #: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE SPECIFY IF WE ARE ADDING A NEW EMPLOYEE OR CHANGING AN EXISTING EMPLOYEE'S INFORMATION: Add Change

Social Security Number: _____ - _____ - _____ Employee #: _____ Date of Hire: _____ / _____ / _____

Salary Hourly Per period Salary/Hourly Rate \$ _____ Hours this pay period: _____

Married Single Head of Household Number of Exemptions: _____

Agricultural Employee? Yes No Dept./WC code #: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE SPECIFY IF WE ARE ADDING A NEW EMPLOYEE OR CHANGING AN EXISTING EMPLOYEE'S INFORMATION: Add Change

Social Security Number: _____ - _____ - _____ Employee #: _____ Date of Hire: _____ / _____ / _____

Salary Hourly Per period Salary/Hourly Rate \$ _____ Hours this pay period: _____

Married Single Head of Household Number of Exemptions: _____

Agricultural Employee? Yes No Dept./WC code #: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____



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CLIENT AUTHORIZATION FOR ACCUITY, LLC TO DRAW FUNDS

Print name of depositor as shown on bank records: _____

Bank Name: _____ Account #: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

ACKNOWLEDGMENT: As a convenience to me, I hereby request and authorize Accuity, LLC to debit my account at my financial institution indicated by my voided check below. In the event that Accuity, LLC authorized withdrawal form said account is returned due to insufficient funds or for any other reason, Client hereby agrees to reimburse Accuity, LLC for all charges, losses or expenses incurred by Accuity, LLC including attorney's fees plus a minimum \$35 charge per returned item. In addition, signer personally guarantees as authorized officer/agent/owner full reimbursement for all returned items. I agree to hold Accuity, LLC harmless from loss and agree to indemnify them. This authorization includes debits (and/or corrections to previous debits) originated by check or Electronic Fund Transfer (EFT). I agree that transactions performed by Accuity, LLC in respect to each said debit shall be the same as if it were a check drawn on my account and signed personally by me. This authority is to remain in effect until revoked by me in writing and until Accuity, LLC actually receives such notice. My financial institution shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of such payment or charge to my account. I further understand that when using EFT for Direct Deposit of paychecks and/or payroll taxes in compliance with ACH regulations **the availability of funds is only guaranteed when initiated TWO (2) banking days in advance of the effective date.**

MISCELLANEOUS PROVISIONS: The laws of the State of Oregon shall govern this agreement. The County of Linn in the State of Oregon is hereby designated as the venue/jurisdiction for any action or proceeding arising out of or in any connection with this agreement.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

**IMPORTANT:
Deposit slips ARE NOT acceptable documents**

ATTACH VOIDED CHECK HERE

Company Name: _____ Contact Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____



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ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Company Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

ACKNOWLEDGEMENT: As an Accuity, LLC client participating in the Direct Deposit and/or Payroll Tax Service (EFT), I understand that my payroll reporting time cannot be any later than 11:00 AM two banking days before my check date. Reporting payroll after this time may affect the availability of my employees' payroll funds or payroll tax deposits for the check date.

TERMS OF AGREEMENT: Initiation of the Direct Deposit and/or Payroll Tax Service is contingent upon approval of Client's credit. When approved, Accuity, LLC's performance of its service under this agreement shall begin upon the initiation date and shall continue until terminated upon 30 days written notice by either party or until terminated as otherwise provided for by this Agreement. Client agrees that transactions performed by Accuity, LLC in respect to each said debit shall be the same as if it were a check drawn on Client's account and signed by Client. This authority is to remain in effect until revoked by Client in writing and until Accuity, LLC actually receives such notice.

SERVICES TO BE PERFORMED: In addition to the services Accuity, LLC already provides, Client hereby employs Accuity, LLC to process Electronic Fund Transfer (EFT) deposits of paychecks and/or payroll taxes in compliance with Automated Clearing House (ACH) regulations. One day following Client's payroll processing, Accuity, LLC is authorized to draw from the Client's bank account as specified by Client, such amounts as are necessary to cover the EFT of employee paychecks and payroll tax impounds. **Amounts for EFT paychecks are to be held in an account established by Accuity, LLC until check date when funds availability is due to the employee(s).**

CLIENT RESPONSIBILITY: Client agrees to accept the following obligations and responsibilities:

1. To execute all necessary documentation so that Accuity, LLC may withdraw funds from Client's bank account to process EFT transfers.
2. To execute any other documents which may be required for Accuity, LLC to perform its responsibilities under the terms of this agreement.
3. To have available in Client's bank account sufficient funds for Accuity, LLC to make withdrawals provided for under the terms of this agreement.

CLIENT'S DEFAULT: If the Client,

1. Fails to pay Accuity, LLC any fee due under this Agreement or any other Agreement.
2. Fails to perform any obligation agreed to under this Agreement or any other Agreement offered by Accuity, LLC. Furthermore, Client acknowledges that the Direct Deposit and/or Payroll Tax Service may or may not be terminated with or without cause at any time at the discretion of Accuity, LLC.
3. Files or has filed against it a petition of Bankruptcy or becomes insolvent.
4. If at any time Client is bound by law to surrender property to debtors, Accuity, LLC reserves the right to remedy any outstanding debt by immediate electronic debit or confiscation of any impounded payroll tax funds, and the immediate dissolution of outstanding balances due to Client as well as the above aforementioned; with interest accumulated on any outstanding balance due on the 15th of the month at the prime rate as established by the Wall Street Journal plus 2% on the first day of the month of default, compounded daily not to exceed a rate of 10% annually.

This agreement authorizes Accuity, LLC to automatically electronically debit Client's account for any fees for any Accuity, LLC services 60 days or more past due. In the event that Accuity, LLC authorized withdrawal from Client's account is returned due to insufficient funds or for any other reason, Client agrees to reimburse Accuity, LLC for all charges, losses or expenses incurred by Accuity, LLC including attorney's fees plus a minimum charge of \$35 per returned item. In addition, the signer personally guarantees reimbursement for all returned items as an authorized officer/agent/owner of the Client.

If Accuity, LLC or the Client terminates this Agreement, Accuity, LLC's obligation under the Agreement shall cease. Accuity, LLC's sole responsibility to Client shall be to return to Client any funds then held by Accuity, LLC after the deduction of all fees due to Accuity, LLC. Client hereby agrees to hold harmless and indemnify Accuity, LLC for any damages, including attorney's fees, which Accuity, LLC incurs as a result of Client's default under this Agreement.

LIMITATION OF LIABILITY: Accuity, LLC shall only be liable for its own negligence and not the negligence of any other person or entity which provides services as a result of Accuity, LLC's performance of its obligation under this or any other agreement.

ACCUIITY, LLC SHALL UNDER NO CIRCUMSTANCE BE RESPONSIBLE OR LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES WHICH CLIENT MAY INCUR AS A RESULT OF ACCUIITY, LLC'S FAILURE TO PERFORM ANY TERM OR CONDITION OF THIS AGREEMENT, EVEN IF ACCUIITY, LLC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. CLIENT SHALL PAY ALL ATTORNEY FEES ASSOCIATED WITH ANY ACTION ARISING FROM THIS AGREEMENT.

MISCELLANEOUS PROVISIONS: The laws of the State of Oregon shall govern this agreement. The County of Linn in the State of Oregon is hereby designated as the venue/jurisdiction for any action or proceeding arising out of or in any connection with this agreement.

This agreement contains the entire understanding of the parties and may be modified only by a subsequent writing signed by both parties. Client acknowledges that there have been no other representations or warranties made by Accuity, LLC to Client which are set forth in this agreement. If any provision of this agreement or any portion thereof be held invalid, illegal or unenforceable, the validity, legality or enforceability of the remainder of this agreement shall not be in any way affected.

ASSIGNABILITY: This agreement may not be assigned by Client without the prior written consent of Accuity, LLC. Any assignment made without such consent shall be null and void.

REFUND/ADJUSTMENTS: Any refunds/adjustments will not be processed until verification that "good" funds are available in the debited account.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____