



Payroll Service Agreement

Corporate (Legal) Name:		Processing Center:	
Company (DBA) Name:		Former Provider:	
Owners/Shareholders:		Telephone #:	
Physical Address:		Facsimile #:	
City, State, & Zip Code:		E-mail:	
Primary Contact & Title:		Federal ID:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		New Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendor Name:		Vendor Code:	
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		Vendor Telephone #:	
Input Method: <input type="checkbox"/> Web Entry <input type="checkbox"/> Web Reports Only <input type="checkbox"/> Fax <input type="checkbox"/> Call-In <input type="checkbox"/> Call-Out		Time AM/PM	
First Period Ending Day and Date		First Input Day and Date	
Day: S M T W Th F Sa		Day: S M T W Th F Sa	
Date:		Date:	
Semi-Monthly Weekend Rule (Sat. to Fri.) (Sun. to Mon.): <input type="checkbox"/> Yes <input type="checkbox"/> No Before / After / Leave		Holiday Checks: <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Leave Alone Starting Check #:	

Benefit Services: (<input checked="" type="checkbox"/>) Services of Interest & Complete Contact Info. _____ Plan 401 (k) _____ Comp W/C _____ 125 Voluntary _____ Health Insurance			
Benefit's Contact		Accountant Contact	
Name:		Contact Name:	
Telephone #:		Firm:	
Facsimile #:		Telephone #:	Facsimile #:
Special Instructions:			
Your Conversion Appointment is set for: M T W Th F ____ / ____ / ____ at _____ AM / PM Client Initial's _____			

Total Employee Count: _____		Current Active Employee Count: _____		Conversation Fees		One time Set-up		Item Totals	
	Base Processing		\$	Payroll Base Setup Fee	\$150.00		\$		
	Tax Filing	\$2.50 Per Additional Entity	\$	Payroll Setup per employee	\$1.00 per employee		\$		
	Delivery	Method:	\$	Prevailing Wage Setup Fee	\$150.00		\$		
	Laser Signature	\$3.50 + .40 each	\$	Time & Attendance Setup Fee	\$250.00		\$		
	Seal Checks	\$.20 each	\$	Journal Entry Set-up	\$150.00		\$		
	Direct Deposit	\$7.00 + .40 each	\$				\$		
	Agency Check	\$1.50 each	\$				\$		
	EE Self Service	\$.25 each	\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
Total Pay Period			\$	Total Conversation Fees			\$		
						<input type="checkbox"/> Cash <input type="checkbox"/> ACH Debit <input type="checkbox"/> Check # _____		\$	

Other Processing Services			
	Time & Attendance	\$3.50 per employee per month	\$
	ACA Reporting	\$250.00 Setup + \$6.50 each	\$
	New Hire Report	\$3.25 each	\$
	Year End W-2's	\$60.00 base + \$6.50 each	\$

CBS Representative Signature	Today's Date	Client Signature	Today's Date
Sales Office	Employee #	Print Name and Title	