

## Accountant On-Line Access Form

5/232008

I authorize the accounting firm/accountant listed below to access my payroll data for the companies listed in the "Client Information" section of this form.

### Accountant Information

Firm Name		
Contact Name		
Phone / Fax		
Email		

### Client Information

Company Number	Company Name
1.	
2.	
3.	
4.	
5.	

The individual whose name appears below warrants that he or she possesses the full power and authority to execute this form. I acknowledge that if I wish to terminate access for the above named person, it is my responsibility to provide written notice to Payville USA to this effect.

\_\_\_\_\_  
Authorized Agent PRINTED Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date

ACCOUNTANT LOGIN AND PASSWORD WILL  
BE ASSIGNED BY PAYVILLE USA

**\*\*For Payville Use Only:\*\***  
**User's Stereotype changed to Remote**  
 Dept to equal "Client" \_\_\_\_\_  
 Main company number \_\_\_\_\_  
 Main company attached \_\_\_\_\_  
 User Rights = Report Access Only  
 \_\_\_\_\_  
 Groups tab – ignore  
 Clients tab – attach applicable clients \_\_\_\_\_

Accountant Login \_\_\_\_\_  
 Assigned by Payville USA  
 Accountant Password \_\_\_\_\_  
 Assigned by Payville USA  
 User Number \_\_\_\_\_