

Client On-Line Access Form

Report access should be granted to the following personnel:

Name	User Login (1 st initial and last name)	Password *** Please see below for instructions to create your password ***	**Payville use only** User Number Assigned to Login
1.			
2.			
3.			

Password guidelines:

Must be 8 characters long

Must contain upper-case characters (A...Z)

Must contain lower-case characters (a...z)

Must contain at least one numerical digit

Must contain a special character ! @ # \$ % ^ & * ()

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 any 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

****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 _____