



Company Bank Account Update Form

1020 James Drive STE O ~ Hartland, WI 53029 ~ (262) 563-5200 ~ Fax (262) 369-2404

We require these forms to be returned to us at least three business before the date your payroll will be processed.

Please provide: A copy of a voided check or with the account information or the MICR specifications from your bank.

Today's Date: _____ Effective Check Date: _____
Client Name: _____ Client Number: _____

Payroll Bank Account: (account used for net payroll checks and direct deposit withdrawal)
Bank Name: _____ Starting Check Number: _____
Bank Account#: _____ Bank Routing#: _____

Tax Bank Account: (used for tax withdrawal for tax filing clients. If same as above, write "Same as Above")
Bank Name: _____
Bank Account#: _____ Bank Routing#: _____

Payroll Bank Account: (account used for direct debit of fees. If same as above, write "Same as Above")
Bank Name: _____
Bank Account#: _____ Bank Routing#: _____

I authorize B2E Solutions, Inc to make the above changes to our Company Set up.

Client Name: _____ Date: _____
Client Title: _____ Client Signature: _____

* Please Note - A \$85.00 charge which will be billed upon completion of each Bank Change.

B2E Use Only

NPC Account Number: _____ New Account Type:

- Replacement, Direct Deposit, Invoice Impound, Tax Impound, Additional, Workers Compensation Impound

Pennies Challenge Waived (Defaults to Yes) Yes No

B2E Authorized Name: _____ Date: _____
B2E Authorized Title: _____ B2E Authorized Signature: _____

Return this completed/signed form to your Client Service Representative



Signature Digitization Form

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Today's Date: _____

Effective Date: _____

Client Name: _____

Client Number: _____

1. Sign using the practice boxes below.

NOTE: Any portion of signature outside of dotted lines will not appear on the check

2. Sign in the "Final Signature" box using a **BLACK INK PEN**.

3. Return this completed/signed form to your Client Service Representative.

Practice Boxes

Final Signature Boxes

Client Name: _____ Client Title: _____

Client Signature: _____ Date: _____

Return this completed/signed form to your Client Service Representative