



Company Bank Account Update Form

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

Please include a copy of a Voided Check or a Bank Specification sheet along with this form, 2 Business Days prior to submitting your payroll to B2E Solutions, Inc.

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: (Optional) \_\_\_\_\_
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 \$56.00 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**