



Company Bank Account Update Form

1020 James Drive STE O ~ Hartland, WI 53029 ~ 262-563-5200 ~ Fax 262-369-2404
5202 East Park Blvd STE 106 ~ Madison, WI 53718 ~ 608-245-5886 ~ Fax 608-249-5967

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 \$55.00 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**