



## WEB PORTAL USER AUTHORIZATION FORM

The Authorized User will have the ability to enter new hires, add and/or edit direct deposit information, change and/or view employee pay rates, and view all payroll reports. To grant specific authorization, please mark the column that you will be authorizing. Otherwise the employee will assume access to add/edit the abovementioned information. Please provide the employee's birthdate and home zip code for security verification purposes and password resets.

CLIENT NAME:

CLIENT NUMBER:

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| Employee Information      |           |             | Authorization Options |             |                   |                       |              |                          |
|---------------------------|-----------|-------------|-----------------------|-------------|-------------------|-----------------------|--------------|--------------------------|
| Employee Name /<br>E-mail | Birthdate | Zip<br>Code | All<br>Access         | New<br>Hire | Direct<br>Deposit | Reports /<br>Invoices | Pay<br>Rates | Location /<br>Department |
|                           |           |             |                       |             |                   |                       |              |                          |
|                           |           |             |                       |             |                   |                       |              |                          |
|                           |           |             |                       |             |                   |                       |              |                          |

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I understand it is within my (the Employer's) discretion to share any and all Web Portal Username and Password information with an Employee. I further understand Quickpay Payroll, LLC is not liable for my decision to share this information. I understand that Quickpay advises all Clients to take proper measures in securing sensitive login information.

\_\_\_\_\_  
Print Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date