



WEBSITE AUTHORIZATION FORM

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Goldleaf Partners to use the login credential listed below to access the Company's current payroll system and online tax accounts:

PAYROLL SYSTEM:

Web Address for cloud based payroll system: _____
Username: _____ Password: _____

Additional Security Question 1: _____
Additional Security Answer 1: _____

Additional Security Question 2: _____
Additional Security Answer 2: _____

Additional Security Question 3: _____
Additional Security Answer 3: _____

My current payroll provider requires dual authentication: Yes ___ No ___
If yes, what is the secondary authentication: Text ___ Email ___ Phone ___ Other _____

STATE DEPARTMENT OF REVENUE:

State 1: _____ Username: _____ Password: _____
Security Question(s) & Answer(s): _____
Dual Authentication: Yes ___ or No ___ If so, authentication via: Text ___ Email ___ Phone ___

State 2: _____ Username: _____ Password: _____
Security Question(s) & Answer(s): _____
Dual Authentication: Yes ___ or No ___ If so, authentication via: Text ___ Email ___ Phone ___

STATE DEPARTMENT OF LABOR (UNEMPLOYMENT TAX):

State 1: _____ Username: _____ Password: _____
Security Question(s) & Answer(s): _____
Dual Authentication: Yes ___ or No ___ If so, authentication via: Text ___ Email ___ Phone ___

State 2: _____ Username: _____ Password: _____
Security Question(s) & Answer(s): _____
Dual Authentication: Yes ___ or No ___ If so, authentication via: Text ___ Email ___ Phone ___



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By signing below, I/we authorize Goldleaf Partners to obtain any payroll and tax related information in order to establish and implement our payroll functions. This information may include, but is not limited to, payroll reports, employee census information, financial records, tax information and any other records needed to successfully implement our payroll procedures with Goldleaf Partners.

I/We retain the right to cancel this authorization at any time and will do so by notifying Goldleaf Partners in writing.

Printed Name: _____

Signature: _____

Title: _____ Date: _____ Company Name: _____