



REQUIRED Pay Documents

Compensation is made via *Direct Deposit ONLY*. Please TAPE a VOIDED check to this form and mail ALL ORIGINAL pay documents (including this year's completed W-9 form) to the AchieveResults™ Corporate Office at *P.O. Box 361991. Decatur, GA 30036-1991*.

Incomplete Documentation WILL NOT BE PROCESSED. Faxes CANNOT be accepted.

Required Pay Forms: 1. *W-9 Form (Download the current year's form from www.irs.gov)*
2. *Voided Check* 3. *PayChex Direct Deposit Sign-up Form OR Bank Card Enrollment Form* 4. *New 1099 Profile*

VOIDED CHECK

(TAPE Voided Check Here – DEPOSIT SLIP IS UNACCEPTABLE)

Paychex Use Only

Client Number _____	Date _____
Worker Number _____	Time _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____

Scanning Instructions are located in Paychex Procedures.



Direct Deposit Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.*
*See below for acceptable bank documentation.

WORKER – Required Information

PLEASE PRINT

Worker Name _____

Last four digits of Social Security Number _____

EMPLOYER – Required Information

PLEASE PRINT

Company Name _____

Service Location/Client Number _____

Last four digits of Federal ID Number _____

Complete for Direct Deposit and Sign Below

Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account. I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1

- Checking
Bank Name _____
- Savings
Bank Name _____
- Chase Pay Card Plus
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

- Remainder of Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Bank Account #2

- Checking
Bank Name _____
- Savings
Bank Name _____
- Chase Pay Card Plus
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

- Remainder of Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Employer Section Only

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature _____

Worker Signature _____ Date ____ / ____ / ____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature _____
(if worker's name does not appear on bank documentation)

CHOOSE A BETTER WAY TO GET PAID



Instead of waiting in line to cash your paycheck, have your pay automatically deposited to a Chase Pay Card *Plus* account.

It's safe, fast and easy...plus it saves you money!

- Get cash 24 x 7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Pay your bills online
- Eliminate the hassle and costs of cashing a check
- No lost or stolen checks
- No credit check required
- Receive payroll deposits from multiple employers

Get your money anywhere, anytime

With the Chase Pay Card *Plus* program, your funds are electronically deposited to your Chase Pay Card Account each pay period, where your funds are FDIC insured. You then have immediate and convenient access to your money at over 900,000 automated teller machines (ATMs). You can enjoy surcharge-free access at over 40,000 Chase and Allpoint® ATMs in the U.S., and at millions of locations that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security¹ will repair or fully reimburse you for eligible items paid entirely with your Chase Pay Card to a maximum of \$500 per consumer product and \$50,000 per cardholder. Additionally, Visa's Zero Liability Policy² protects you from unauthorized purchases. If your Card is ever lost or stolen, you are automatically protected without losing the funds in your Account.

¹ This protection is void in case of theft or damage due to fire, vandalism, accidentally damaged water or weather. Certain restrictions and limitations may apply.

² U.S.-issued cards only. The Visa Zero Liability Policy does not apply to commercial cards or ATM transactions, or to PIN transactions not processed by Visa or Interlink. See your cardholder agreement for more details.

Chase Pay Cards are issued by JPMorgan Chase Bank, NA
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 JPMorgan Chase Bank, NA Member FDIC.

INC10789

Enroll in the Chase Pay Card *Plus* program today!

There is no cost to enroll in the Chase Pay Card *Plus* program. Simply complete this application today and return it to your payroll department.

Chase Payroll Card Fee Schedule

TRANSACTION	CARDHOLDER FEE
ATM withdrawal (U.S.) ¹	\$1.50 per transaction
ATM withdrawal (outside U.S.) ¹	\$3.00 per withdrawal
Point-of-Sale transactions: PIN and Signature-based	FREE
Over-the-counter cash withdrawals	4 free per month, then \$5.00 thereafter
ATM balance inquiry (U.S.)	\$1.00 per inquiry
ATM balance inquiry (outside U.S.)	\$3.00 per transaction
ADDITIONAL SERVICES	
Monthly paper statement (optional)	\$1.00
Monthly statements via Internet	FREE
Replace lost/stolen card	\$15.00 per card
Expedited card delivery	\$24.75 includes card
Declined transactions (U.S.) ²	\$1.00 per transaction
Declined transactions (outside U.S.) ²	\$3.00 per transaction
Copy of Statement	\$10 per request
Negative balance	\$15.00 per incident
Check to close account	\$12.00 per account
Inactivity fee (after 90 days of inactivity)	\$3.00 per month
Foreign exchange conversion rate	3.5% per international transaction

Cardholder fees apply to both the primary and secondary cardholders.

¹ Wherever you can use an ATM there is a "network" or "W/M withdrawal fee". Additionally non-Chase banks may charge you a "surcharge" typically between \$1.00 and \$3.00 for using their ATM. You can avoid a surcharge by using a Chase ATM or Allpoint ATM.

² This fee will be assessed if an ATM or Point-of-Sale transaction is declined due to insufficient funds in your Chase Payroll Card *Plus* account.

Chase Pay Card *Plus* Enrollment Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, you will be asked for your name, address, date of birth and other information that will allow you to be identified. You may also be asked to present your driver's license or other identifying documents. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. CARDHOLDER INFORMATION

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO PO BOXES)		
CITY	STATE	ZIP
CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
<input type="checkbox"/> UNITED STATES CITIZEN	<input type="checkbox"/> NON-UNITED STATES CITIZEN	
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
<input type="checkbox"/> U.S. ALIEN ID CARD	<input type="checkbox"/> PASSPORT	
<input type="checkbox"/> OTHER GOVERNMENT ISSUED ID		TYPE _____
COUNTRY OF ISSUANCE		NUMBER _____
EXPIRATION DATE (MM/DD/YYYY)		

I. SECONDARY CARD (OPTIONAL)

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO PO BOXES)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
<input type="checkbox"/> UNITED STATES CITIZEN	<input type="checkbox"/> NON-UNITED STATES CITIZEN	
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
<input type="checkbox"/> U.S. ALIEN ID CARD	<input type="checkbox"/> PASSPORT	
<input type="checkbox"/> OTHER GOVERNMENT ISSUED ID		TYPE _____
COUNTRY OF ISSUANCE		NUMBER _____
EXPIRATION DATE (MM/DD/YYYY)		

* Contact your employer for an additional secondary cardholder form.

If you are 18 years old or under, you must provide verification for the following four identification fields: your name, address, date of birth and social security number. Verification can include a copy of your social security card, birth certificate, W-2, drivers license or permit, passport, state ID, voter's registration, and school or military ID.

Monthly paper statement (optional) – In addition to accessing my Chase Pay Card *Plus* transaction activity online or via Customer Support, please mail me a monthly Pay Card activity statement to the mailing address I have provided above. I understand there is a \$1.00 monthly charge for this statement option.

II. CARDHOLDER AGREEMENT – Return your completed, signed and dated application to your employer.

The Authorization Agreement for the Chase Pay Card *Plus* account will authorize my employer to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase Pay Card *Plus* account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable Point-of-Sale (POS) terminals and wherever Visa® debit cards are accepted. By signing this application, I hereby authorize Chase to issue a card to me. I agree that activating my card shall constitute my agreement to: (1) The Program Terms, Conditions and Disclosures that accompany my card and (2) changes to, or replacements for, those Program Terms, Conditions or Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Pay Card *Plus* account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change these fees at any time.

CARDHOLDER'S SIGNATURE

DATE

III. BRANCH USE ONLY

COMPANY NAME

CLIENT ACCOUNT NUMBER

New 1099 Profile

Attention: _____

Fax number: (888) 857-3636

Client #: _____

Client Name: AchieveResults™ Tutorial

****REQUIRED CONTRACTOR INFORMATION****

- Name _____
- Address _____

- City/ State/ Zip _____
- Social Security Number _____
- Date of Birth _____
- Department Number Not Applicable
- Start Date _____

Will this employee use direct deposit? YES / NO If yes, please include the Direct Deposit Authorization form and voided check. *Deposit slips are not accepted.

Other Adjustment:
Description / Amount

_____/_____
_____/_____



PERSONAL DATA CHANGE FORM

Complete and Submit This Form Only When Making Changes to your Personal Data

Today's Date _____

All changes in personal contact and/or banking information MUST be submitted in writing to AchieveResults™ on this form by the **3rd of the month in order to be effective for the next pay cycle**. AchieveResults™ shall not be liable for compensation being deposited to closed/outdated accounts. Should a paper check be generated for a Contractor for any reason, the Contractor understands that he/she will be assessed a \$25 processing and handling fee, which shall be deducted from impending compensation. Furthermore, should circumstances warrant a check re-issue, the Contractor shall be assessed a stop-payment and re-issue fee, in addition to the \$25 processing and handling fee.

Old Information	New Information
PERSONAL CONTACT INFORMATION	PERSONAL CONTACT INFORMATION
Contractor/Employee Name	Contractor/Employee Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
BANKING INFORMATION	BANKING INFORMATION <i>(Must submit a VOIDED CHECK and NEW Direct Deposit Form)</i>
Bank Name:	Bank Name:
Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Contractor/Employee Signature _____