

## Company Change Form Earnings/Deductions

Client Number:	Client Name:
Company Number: Date Requested:	Company Name:Change Effective Date:
(Please note: For proper audit PayData requires advance	notice for company changes)
Indicate Type of Change: O New Earning	New Deduction Change to existing code
Code: Code Type:	Description:
Special Taxation (Federal, State or Local):	
Override W2 Box: Override Rate/Calcula	ation: Annual Limit:
Add to ED Group:	
General Ledger Number: Add to Input Worksheet or E-Sheet: ☐Yes ☐No	
Agency check: Yes No Payable to:	
Add to Time clock and import function: ☐ Yes ☐ No If yes, add to OT Calculation: ☐ Yes ☐ No	
Special Time Clock Notes:	
Add to Custom or Report Writer Report: ☐Yes ☐ No	Please specify all custom reports to be reviewed
Indicate Type of Change: O New Earning	New Deduction Change to existing code
Code: Code Type:	Description:
Special Taxation (Federal, State or Local):	
Override W2 Box: Override Rate/Calcula	ation: Annual Limit:
Add to ED Group:	
General Ledger Number: Add to Input Worksheet or E-Sheet: ☐Yes ☐No	
Agency check:  Yes  No Payable to:	
Add to Time clock and import function: ☐ Yes ☐ No If yes, add to OT Calculation: ☐ Yes ☐ No	
Special Time Clock Notes:	
Add to Custom or Report Writer Report: ☐Yes ☐ No	Please specify all custom reports to be reviewed.
Indicate Type of Change: O New Earning	New Deduction
Code: Code Type:	Description:
Special Taxation (Federal, State or Local):	
Override W2 Box: Override Rate/Calcula	ation: Annual Limit:
Add to ED Group:	
General Ledger Number: Add to Input Worksheet or E-Sheet:   Yes  No	
Agency check:   Yes  No Payable to:	
Add to Time clock and import function: $\square$ Yes $\square$ No $\square$ If yes, add to OT Calculation: $\square$ Yes $\square$ No	
Special Time Clock Notes:	

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Add to Custom or Report Writer Report: Yes No Please specify all custom reports to be reviewed.		
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Special Taxation (Federal, State or Local):		
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General Ledger Number: Add to Input Worksheet or E-Sheet:   Yes   No		
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Special Time Clock Notes:		
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Special Taxation (Federal, State or Local):		
Override W2 Box: Override Rate/Calculation: Annual Limit:		
Add to ED Group:		
General Ledger Number: Add to Input Worksheet or E-Sheet: ☐Yes ☐No		
Agency check:  Yes  No Payable to:		
Add to Time clock and import function: ☐ Yes ☐ No If yes, add to OT Calculation: ☐ Yes ☐ No		
Special Time Clock Notes:		
Add to Custom or Report Writer Report: Yes No Please specify all custom reports to be reviewed.		
I agree to and authorize PAYDATA to make the above changes to our company set up.		
I agree to and authorize PAYDATA to make the above changes to our company set up.  Authorized client representative: Title:		
Authorized client representative: Title:		
Authorized client representative: Title:		
Authorized client representative:		
Authorized client representative: Title:		
Authorized client representative: Title:		
Authorized client representative: Title:		

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont

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