

# TimePayment Direct Enrollment Form

**\*\*= required information**

## User Information

\*\*Name \_\_\_\_\_ \*\*Title \_\_\_\_\_

\*\* E-Mail Address \_\_\_\_\_

Business Fax Number \_\_\_\_\_

\*\* Business Address \_\_\_\_\_

\*\* City \_\_\_\_\_ \*\*State \_\_\_\_\_ \*\*ZIP \_\_\_\_\_

## User Security Information

Social Security Number    -       (optional)

Mother's Maiden Name \_\_\_\_\_ (optional)

\*\* Vendor Code(s) to Access \_\_\_\_\_

\*\* Business Name \_\_\_\_\_

Choose your own password \_\_\_\_\_

**(Passwords must be 6-15 characters in length)**

## Authorization

I certify that the information provided above is true and I agree to safeguard my password and access to my account and to indemnify and hold TimePayment Corp. harmless from any and all damages, losses and liabilities incurred or suffered as a result of, or incident to, any action by persons other than TimePayment Corp. employees. I also agree to use the system only for its stated purpose and that failure to do so may result in the immediate termination of my company's access to TimePayment Direct.

\*\* User Authorized Signature \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

I authorize the above listed User to use TimePayment Direct to access information pertaining to the above listed Vendor Code(s).

\*\* Vendor Authorized Signature #1 \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Vendor Authorized Signature #2 \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Do not mark in this box. For TimePayment use only.**

**User Functions Requested:** \_\_\_\_\_

**User ID assigned:** \_\_\_\_\_ **Date activated:** \_\_\_\_\_

**Access Granted by:** \_\_\_\_\_ **Assigned to:** \_\_\_\_\_