

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:** _____