

Convergence Employee Leasing, Inc. Client Set Up Sheet

Client Name: _____
 Contact Name: _____ Owner Name _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Telephone: _____ Cell: _____ Fax: _____
 FEIN #: _____ SSN (if sole proprietor): _____
 Email Address: _____

Payroll Cycle and Reporting Information

Pay Cycle: _____ Weekly * _____ Biweekly * _____ Semi Monthly
 Report Payroll Method: _____ Fax _____ Email _____ Client Calls In _____ We Call Client
 Notify Client of Invoice Total Method: _____ Call With Total _____ Fax Total _____ Email Total
 Report Hrs (day): _____ Pay Period Begins (day): _____ Pay Period Ends (day): _____
 Payday (day): _____ Receive Payroll (day): _____
 Date You Want to Start Running/Accruing Payroll with Convergence: ____/____/____ (A date is required)
 Notes: _____

Payment and Payroll Delivery Instructions

DELIVERY METHOD:
 FED EX: _____ Convergence Office Pick Up: _____ *Jax Courier: _____ Direct Deposit: _____
 Ship To: _____ Clients Address Above _____ Fed Ex Location _____ Other _____
 Shipping / Delivery Address: _____
 City: _____ State: _____ Zip: _____
 PAYMENT METHOD: Secured COD: _____ *Unsecured COD: _____ *ACH Payment: _____

Approved Workers Comp Codes (to be completed by Convergence)

Workers Comp Codes	Description	# of Employees

*Requires prior Convergence approval