



AUTHORIZATION TO SHARE REPORTS TO A 3RD PARTY

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Today's Date: _____ Effective Date: _____

Client Name: _____ Client Number: _____

Send Reports To:

Company Name: _____

Individual: _____

Address: _____

E-mail: _____

Reports to be sent:

Frequency to send the reports:

Per Payroll Monthly Quarterly Annually One-time request

I give permission for the above listed person to access the reports on line: Yes No

Expiration date of this request: (indicate 'none' if no expiration date)

I authorize Payroll Data Services, Inc. to send to the company and/or individual indicated above copies of the reports indicated. The reports will be prepared and sent according to the frequency indicated.

Signature:

Name: _____ Title: _____