



711 Coliseum Plaza Court  
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(336) 773-0128 phone  
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## Payroll Access Form for CPA/Accountant

I, \_\_\_\_\_,  
(Flex-Pay Client's Contact Name)

of company \_\_\_\_\_ (# \_\_\_\_\_)  
(Flex-Pay Client's Business Name) (Flex-Pay ID#)

authorize \_\_\_\_\_ of \_\_\_\_\_  
(CPA or Accountant name) (CPA/Acct Firm Name)

access to my company(ies) payroll data until further notice using Flex-Pay software.

CPA/Accountant Email: \_\_\_\_\_

CPA/Accountant Phone: \_\_\_\_\_

CPA/Accountant Fax: \_\_\_\_\_

Flex-Pay Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_