



PAYROLL SPECIALTIES NW, INC.

Payroll Services

COMPANY: _____ CLIENT # _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT: _____ DATE: _____
 TITLE: _____

	One Time Setup/Fee	Per Payroll	Per Month
1. Number of Checks _____		\$ _____	\$ _____
2. Direct Deposit _____		\$ _____	\$ _____
3. Tax Service _____		\$ _____	\$ _____
4. Quarterly Service Charge _____		\$ _____	\$ _____
5. Master Link _____		\$ _____	\$ _____
6. _____		\$ _____	\$ _____
7. _____		\$ _____	\$ _____
8. New Hires _____			
9. Delivery Charges _____			
10. Timekeeping _____		\$ _____	\$ _____
11. HR Answerlink _____			
12. Additional States _____		\$ _____	\$ _____
13. W-2/Year End Reporting _____			
14. Company Setup _____			
TOTAL ONE TIME SET-UP FEE	\$ _____	TOTAL per Month	\$ _____

PAYROLL SPECIALTIES NW provides the Client with the following standard reports: Employee Worksheet, Attendance Register, Income Register, Deduction Register, Payroll Register, and Payroll Tax Register.

Client agrees that they will not hold PAYROLL SPECIALTIES NW in indemnity and PAYROLL SPECIALTIES NW assumes no liability other than the accuracy and timeliness of tax deposits and reports for providing payroll services. The forms and related services provided by PAYROLL SPECIALTIES NW are guaranteed to be accurate to the extent of the information provided to PAYROLL SPECIALTIES NW by the Client. In the event of error by PAYROLL SPECIALTIES NW, PAYROLL SPECIALTIES NW will correct the error at no additional cost. These services are provided with understanding that PAYROLL SPECIALTIES NW is not engaged in rendering legal, accounting or other professional services. Therefore, PAYROLL SPECIALTIES NW assumes no responsibility for claims arising from the use or implementation of the forms or related services supplied to the Client by PAYROLL SPECIALTIES NW.

STATEMENTS will be mailed on the first of the month and fees will be drafted on the 5th of the month via electronic funds transfer (EFT). If you prefer to opt out of EFT, a check processing fee of \$10.00 per month will be assessed.

ALL NSF checks will be charged a minimum of \$50.00, up to a maximum of 3-times the check amount.

 Authorized Signature

 Payroll Specialties NW Representative

Payroll Specialties NW, Inc.
2300 Oakmont Way
Suite 102
Eugene, OR 97401
(541) 484-6619