



**WORK COMP SET UP SHEET**  
**(MANDATORY FOR ALL NEW WC CLIENTS)**

CLIENT NAME \_\_\_\_\_

PAY-AS-YOU-GO YES\_\_\_ NO\_\_\_

CLIENT IS AWARE OF THE ANNUAL \$200 DOWN PAYMENT: *INITIAL HERE*\_\_\_

INSURANCE CARRIER\_\_\_\_\_

POLICY NUMBER\_\_\_\_\_

EFFECTIVE DATE\_\_\_\_\_

FEDERAL EIN \_\_\_\_\_

INSURANCE AGENCY\_\_\_\_\_

INSURANCE AGENT NAME\_\_\_\_\_

INSURANCE AGENT PHONE # \_\_\_\_\_

FIRST SFPS PAY DATE\_\_\_\_\_

OUT OF STATE EMPLOYEES? YES\_\_\_ NO\_\_\_

NAMES OF EXEMPT OWNERS & OFFICERS  
\_\_\_\_\_

NET RATE(S):

CLASS CODE\_\_\_\_\_ RATE\_\_\_\_\_ DEPT\_\_\_\_\_

CLASS CODE\_\_\_\_\_ RATE\_\_\_\_\_ DEPT\_\_\_\_\_

CLASS CODE\_\_\_\_\_ RATE\_\_\_\_\_ DEPT\_\_\_\_\_

CLASS CODE\_\_\_\_\_ RATE\_\_\_\_\_ DEPT\_\_\_\_\_

CLASS CODE\_\_\_\_\_ RATE\_\_\_\_\_ DEPT\_\_\_\_\_

\_\_\_\_\_  
(INITIAL HERE ) NORTH FLORIDA PAYROLL EMPLOYEE WORKSHEET WITH  
INDIVIDUAL CLASS CODES FOR EMPLOYEES HAS BEEN FAXED TO AND RETURNED BY  
INSURANCE AGENT AND IS ATTACHED.



**MAIL WAIVER & RELEASE OF LIABILITY**

I, \_\_\_\_\_  
of \_\_\_\_\_

\_\_\_\_\_ understand that North Florida Payroll Service's (NFPS) preferred method of delivery for payroll checks and reports is a bonded and insured courier service. NFPS uses a courier service because of the extremely time sensitive nature of payroll and the need preserve the integrity of our clients' information. We strongly recommend against using U.S. mail because of the absence of tracking ability, insurance and a scheduled delivery date.

I, \_\_\_\_\_  
of \_\_\_\_\_

agree to hold North Florida Payroll Services harmless against any and all damage that may occur as a result (directly or indirectly) of using the United States Post Office or any other vendor other than those expressly recommended by NFPS. Finally, I am aware that I may incur additional charges if a package from North Florida Payroll Services is lost, stolen, damaged or delayed.

\_\_\_\_\_  
Company Representative (Please Print Name)

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name



1906 Buford Blvd., Suite 3, Tallahassee, FL 32303

PHONE: (850) 224-2439 FAX: (850) 224-2440

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

Company Name: \_\_\_\_\_

I, \_\_\_\_\_, representing \_\_\_\_\_

Authorize North Florida Payroll Services to override the pre-note process for Direct Deposit. Direct Deposit will be active on the first payroll processed with North Florida Payroll Services. I understand that North Florida Payroll highly recommends the pre-note process and has discouraged me from overriding it. I agree that any and all errors resulting will not be the responsibility of North Florida Payroll Services. Additionally, I acknowledge that any errors that are made as a result of having direct deposit for the first payroll may take 5-7 business days to resolve.

Signature of Taxpayer or authorized Representative:

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_