



Authorization to Share Reports to a 3rd Party

Client Name: _____ Client Number: _____

Send Reports To:

Company Name: _____ Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

List of Reports to be sent:

Frequency to send the reports:

Per Payroll Monthly Quarterly Annually One-time request

Effective _____ I, _____, authorize B2E Solutions 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.

I also give permission for the above company/individual to access the reports on-line.

Yes No

Signature: _____ Date: _____

Title: _____

Please Return the Completed Form to your Client Service Representative