



## Internet Security Registration

### Add Client Company & Administrator/User

To allow access to ADP internet products and maintain users in your company, please complete this form. Provide this information to your ADP representative for each person who needs to have security access to ADP products. (\* Required field)

#### **COMPANY INFORMATION:**

Client ID\*: \_\_\_\_\_ (Short description of company {Max 10 positions}. It will be part of user name entered with each logon session. i.e. JDoe@wxyz where wxyz is client ID)

ADP Company Code(s): \_\_\_\_\_

Client Name\*: \_\_\_\_\_

(Business name of the company)

If a Security Admin already exists in your company, skip to the next section below to add a new CLIENT ADMIN.

Address Line 1\*: \_\_\_\_\_

Address Line 2 : \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip\*: \_\_\_\_\_

Phone number\*: \_\_\_\_\_

Optional information (Can be updated at a later time):

Fax Number: \_\_\_\_\_

Co. Email address: \_\_\_\_\_

Self Service Registration Passcode: \_\_\_\_\_

(To allow employees to register for access themselves, if applicable)

Company web site: <http://> \_\_\_\_\_

Note: \_\_\_\_\_

#### **CLIENT SECURITY ADMINISTRATOR INFORMATION:**

First Name\*: \_\_\_\_\_ Last name\*: \_\_\_\_\_

Email address\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_

Enter your business address if different than in the section above.

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Be prepared to answer one of the following questions in a separate correspondence. It will be used as additional level of security when you complete the registration on-line:

What was your favorite childhood pet's name?  
What was the name of your first school?  
What is your all-time favorite past-time?  
What is your all-time favorite sports team?  
What is your father's middle name?  
What was your high school mascot?  
Where did you first meet your spouse?

What was your best friend's name when you were a child?  
What was the name of your favorite food as a child?  
What was the first sport you ever played as a child?  
In what town did you spend most of your youth?  
What was the name of your high school?  
What year did you graduate high school?

ADP Use:

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CSM

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CSA

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