

Internet Security Registration

Add Client and Client User(s)

Please complete this form which will allow access to ADP internet products and set up users in your company. Provide this information to your ADP representative for each person in your company who is to have security access to ADP products. * Indicates required field.

| SECTION ONE - Total Pay [®] Products | | | |
|--|--|--|--|
| *Client Status: | ☐ New Client ☐ Existing Client | | |
| *Add TotalPay Product(s): | ☐ TotalPay iNET ☐ TotalPay Card ☐ Other TotalPay products: | | |
| | | | |
| SECTION TWO - Company Information | | | |
| | Give a <u>short</u> description of company (Max 10 positions). Note: This Client ID is permanent and will be part of the User ID for your employees, which they will enter with each logon session. | | |
| *Client ID: Example: JDoe @wxyz where wxyz is client ID) | | | |
| *Primary ADP Company C | | | |
| (Add additional company codes on reverse side) | | | |
| If you are an existing client, go directly to Section Three, Client User Information, if additional users are needed. *Client Name: | | | |
| 1 10 | | | |
| *Address Line 1: | | | |
| Address Line 2 : | | | |
| *City: | | | |
| *State: | *Zip Code: | | |
| *Phone Number: | | | |
| Fax Number: | | | |
| Co. E-mail Address: | | | |
| Self Service Registration Passcode: (Allows employees to self register for access to ADP products, if applicable) | | | |
| Company Web site: ht | tp:// | | |
| Notes: | | | |
| SECTION THREE - Client User Information | | | |
| *User Type: (select one): Security Master Security Administrator | | | |
| *First Name: | *Last name: | | |
| *E-mail address: | | | |
| *Phone: | | | |
| SECTION FOUR – Business address if different from Section Two | | | |
| Mailing Address Line 1: | | | |
| Mailing Address Line 2: | | | |
| City: | State: Zip Code: | | |
| | | | |
| Be prepared to answer two of the following questions verbally with your ADP representative. It will be used as an additional level of security when you complete the online registration: | | | |
| What was your favorite childhood pet's name? What was your best friend's name when you were a child? What was the name of your first school? What was the name of your favorite food as a child? | | | |

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?
Also provide: Month / Day of Birth and City/Town of Birth

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| SECTION FIVE – Add Additional Company Co | des |
|--|---------------|
| *ADP Company Code: | *Branch Code: |
| *ADP Company Code: | *Branch Code: |