



**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 ) SOUTH 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 South Florida Payroll Service's (SFPS) preferred method of delivery for payroll checks and reports is a bonded and insured courier service.

SFPS 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 South 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 SFPS. Finally, I am aware that I may incur additional charges if a package from South Florida Payroll Services is lost, stolen, damaged or delayed.

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Company Representative (Please Print Name)

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Company Representative Signature

Date

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Company Name



2400 East Commercial Blvd, Suite 224, Fort Lauderdale, FL 33308

(954) 455-6933 PH (954) 455-6935 FX

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

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

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

Authorize South Florida Payroll Services to override the pre-note process for Direct Deposit. Direct Deposit will be active on the first payroll processed with South Florida Payroll Services. I understand that South 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 South 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:

\_\_\_\_\_