

New Provider Authorization

(Letter of authorization for current SwipeClock client transfer-of-service)

This letter is to serve as official notice that (New Service Provider) _____,

(Billing ID) _____ has agreed to be the new agent of record for (Client Name)

_____, (Site ID) _____ providing time and attendance services as of

(Date), _____.

Please initial each statement

_____ It is our understanding that with the proper authorization the Client account will be transferred internally by the SwipeClock staff. With this authorization, we request that all the historical data and account be moved to the new agent of record (new service provider) which authorizes the transfer of ownership to our partner account with the associated regular monthly billing obligations. In the event the previous provider has deactivated any clocks, we will be responsible for any additional activation fees that may apply.

_____ Once authorized by the appropriate parties, the client's account will remain live during the transfer, all logins and passwords will remain active and unchanged, and no interruption of service. If authorization for transfer is not granted, a new account must be created and setup will be required for the client.

_____ We understand the account transfer will take place at the end or beginning of the pay period to finalize the pay period and process payroll, and after the billing cycle has been completed as the new agent of record, effective the first day of that month.

_____ We certify that we were given a copy of the SwipeClock Client Transfer Process document which outlines the Client Transfer fee ("Client Switch Fee") and authorizes SwipeClock to bill for the Client Transfer in the amount agreed upon. We acknowledge that the total charge for this transfer will be **\$125.00**. We accept responsibility for any additional clocks/hardware added to the client's account (site) after the transfer.

_____ By initialing, we request to have the account be transferred immediately upon approval from the current provider and agree to be responsible for all service charges incurred in this current month.

Signature: _____

Name (Print): _____

Title: _____

By checking this box, I certify that I am authorized to sign this form on behalf of the company