

Client Letter of Authorization Request to Switch Provider

The Client Letter of Authorization is to request that as of (Date) _____, we (Client Name) _____ will be discontinuing our timekeeping services with (Current Provider) _____ and request/authorize the transfer of ownership and authority over our account to (New Provider) _____.

Transfer of Account and Punch History - With authorization, it is our desire that the "Live" account with all historical data will be transferred from the Current Provider to the New Provider. However, we acknowledge it is our responsibility to generate and save on-file any necessary historical reports from our current account to ensure punch records are adequately retained. We also accept responsibility to take any necessary steps to save data that may be needed to process payroll during the current period and transition period.

If the account transfer is made at the end of the current pay period or at the beginning of a new pay period, we have authorized and determined Provider _____ will process our final payroll for the Pay Period _____ on the specified Date: _____.

We also acknowledge once our account has been transferred to the new provider our previous provider will no longer have any access to our timekeeping account.

Client initials: _____

Payment for Services & Hardware - We acknowledge it is our responsibility to fully reconcile the account with the Current Provider regarding payment for services and/or time clocks received and in our possession. We acknowledge that charges will be pro-rated by the billable days of service to both the Current and New Providers, and must be paid accordingly. It is our understanding that if a release has been granted by the Current Provider, SwipeClock will move, reassign, and/or activate the existing time clocks on the new account according to the appropriate circumstances. We acknowledge that Activation fees may apply on all clocks pertaining to the setup of the new account.

Clock Ownership – Choose One

We, the Client, are the rightful owner of any/all time clocks associated with this account transfer.

The Current Provider (previous Provider) is rightful owner of any/all time clocks associated with this account transfer.

Representative Signature: _____

Name Printed: _____

Title: _____

Date: _____