

Paychex Flex® Single Sign On Enrollment Form

Company Name _____

Office/Client Number _____

This form is used to enroll yourself or designee in any online services in Paychex Flex ® and is to be completed and signed by an Authorized Officer / Representative of the Company. All fields are **required** for access to be granted, unless otherwise indicated.

First Name: _____ MI: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____

If a username already exists, birthdate is not required.

Social Security Number: _____ - _____ - _____

(If SSN is not provided the user will be setup with a PIN-based username which allows for limited access to personal information). If a username already exists, SSN is not required.

Personal Address: _____

City/State/Zip Code: _____

Cell Phone: (_____) - _____ - _____

Required to receive Verification Text

E-Mail Address: _____

Username

If you are a new user, please indicate your 1st/2nd choice.
If you are a current user, please indicate existing username.

First Choice: _____ Second Choice: _____

Between 8 & 18 Characters, Consisting of letters, numbers, hyphens, periods, and/or underscores.

Note: User email address and username must be unique. A Paychex Representative will contact you if either of your choices are in use.

Existing Username (if applicable): _____

User Access Role

Choose **one** of the following roles.
If no option is selected, the user will be defaulted to the Super Admin role.

	Super Admin	Receives full view and edit access to your Paychex Flex account, including all products the company is subscribed to and all workers' personal information.
	Security Admin	Has the ability to create users and manage user and 3rd party connectivity access for your company's Paychex Flex account.

If this is a same FEIN Relationship, please provide the following information to ensure access is granted properly across related entities.

Parent Client ID: Office/ Client Number _____/_____

Are you or the designee an administrator for other businesses with Paychex, that you need access to? **Yes**____ **No**____

If yes, and you or the designee need the same role (Super or Security) in this relationship, please list the accounts to be linked to:

Authorized Officer / Representative Signature: _____

Title: _____ Date: _____