

Please provide the following and email to sales@myhrconcierge.com::

## Company & Contact Information

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Number of EE: \_\_\_\_\_

(ACA Information) Years To Report: \_\_\_\_\_ Select Form Needed: ( ) 1095-B ( ) 1095-C

## Select Services

Select (X) Desired Service	Service Description	One Time Fee	Monthly Fee	Annual Fee
X	Forms Coding + E-File Plus One Time Base fee of \$75.00 Per Reporting Year	\$6.99/ Form		

**Notes:** Please note if you would like for MyHRConcierge to print and mail the 1095 forms to your employees there is an additional charge of \$2.99 per form.

## Terms & Conditions

Client Signature: \_\_\_\_\_

I agree to terms and conditions of service: <https://myhrconcierge.com/terms-conditions-2020/>

Acceptance Date: \_\_\_\_\_ Effective Service Date: \_\_\_\_\_

## Payment Information & Authorization

I choose to be charged by:  Credit Card  ACH

### Credit Card Information

Credit Card Type  Visa  Amex  Master Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address #1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ACH Payment Authorization

I hereby authorize Blue Ox LLC d/b/a MyHRConcierge, hereinafter called COMPANY, to initiate debit entries to my  **Checking Account**  **Savings Account** indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. The amount drafted will be for the monthly invoice provided by COMPANY on the first of each month. The amount will be drafted from the account on or about the fifth of each month.

Depository Name \_\_\_\_\_ Transit/ABA No. \_\_\_\_\_

Account No. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_