



**CPA Care
Client Authorization Form**

CPA to complete forward to Client:

CPA Contact Name	
CPA Firm Name	
Primary Address	
Phone Number	
Fax Number	
Email Address	

Client to complete and forward to CPA Care at cpacare@paycor.com:

Client # _____ Company Name _____

Contact Authorizing Update: _____

Add the CPA Contact to my Paycor account and provide them access to the following products:

☐

Online Reporting

☐

Reports & Analytics

Please note any restrictions or additional permissions:

☐

Delete the CPA Contact above from my Paycor account and disable their permissions



Call toll free
866.729.2671



Visit us online
paycor.com/cpacare