**Paycor Partner Care: CPA Authorization Form**

**To be completed by the CPA (Section 1):**  Complete Section 1 with the CPA’s information and **name the individual** who requires access. Paycor Credentials will be provided to this user. Once complete, please send the form to the client to complete and submit to Paycor.

Reminder: We can only accept authorization forms ***submitted by the client***.

|  |  |
| --- | --- |
| Partner Firm Name |  |
| Partner Contact Name |  |
| Primary Address |  |
| Phone Number |  |
| Email Address |  |

**To be completed by the Client (Section 2):** Complete Section 2 to authorize access for the CPA. Scan and send the completed form to partnercare@paycor.com.

|  |  |
| --- | --- |
| Paycor Client ID(s)\* |  |
| Client Company Names |  |
| Client Contact Authorizing Access |  |
| **Your CPA will be granted the following access:** | Reporting Admin Role (Reports & Analytics) – This role allows your CPA to edit date ranges within reports.Online Reporting (Standard Payroll Reports) – This role allows your CPA access to standard prebuilt reports. |

\*CPA will only be provided access to the Client IDs listed on this form. Please scan and send to Partner Care at: partnercare@paycor.com. Setups are completed within 5 days. Your CPA will be notified once access is available and provided everything they need to get started. Please notify your Payroll Consultant or Partner Care if you wish to remove Partner Access.

**Client Signature:** **Date:**

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