



# Unemployment Compensation Group Trust

4855 Woodland Drive Enola, PA 17025-1291 | psatsinsurance.org  
Telephone (800) 382-1268 | Fax (717) 730-0209

SPONSOR

## Payroll Vendor Certification

\_\_\_\_\_ Township ("Township"), \_\_\_\_\_ County ("County") hereby authorizes PSATS to grant access to \_\_\_\_\_ (payroll company) to Township's account on PSATS Connect Member Portal for the exclusive purpose of submitting payroll-related information. The information provided by \_\_\_\_\_ (payroll company) will be used by PSATS for the exclusive purpose of performing administrative services on behalf of the PSATS Unemployment Compensation Group Trust, of which Township is a member. Township acknowledges that \_\_\_\_\_ (payroll company) will maintain a separate log-in, but will have complete access to Township's Connect profile and the ability to edit information on Township's profile in the same manner as Township. Township agrees that PSATS shall have no liability for any modifications made by \_\_\_\_\_ (payroll company) to Township's profile and waives any claims against PSATS arising from same.

I hereby certify that I have authority to provide this authorization on behalf of Township.

\_\_\_\_\_  
(Signature of Township Representative)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Date)

### Payroll Company Information:

\_\_\_\_\_  
(Signature of Payroll Company Representative)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)