



Employer Enrollment Packet for Payroll Agent Services

Employer Name: _____

Consumer Name: _____

ISO Coordinator Name: _____

Start Date: _____

Return the following forms, along with this cover sheet to Orion ISO

- SS-4. ****If you are signing this form on behalf of someone else you must include your social security # on or above the signature line.*
- MN ABR
- MN UI Registration Form
- Form 2678
- REV-184
- Working Agreement
- Acknowledgment of Receipt of Notice of Privacy Practices
- Consent for Release of Information

The following forms must be completed if the Employer is over the age of 18 AND is unable to sign the SS-4 form for themselves. Please contact your ISO Coordinator for these forms if this scenario applies

- 8821
- 2848