



# New Client Information

Setup Date:	1st Check Date:
Sales Rep:	Prior Service Provider:

Company Information	Legal Name:		
	d/b/a (if any):		
	Address 1:		
	Address 2:		
	City:	State:	Zip:
	Primary Phone:	Primary Fax:	

Contact Information	Payroll Contact:	Title:	Phone:	Ext.
			email:	
	Contact 2:	Title:	Phone:	Ext.
			email:	
	Contact 3:	Title:	Phone:	Ext.
			email:	
	Accountant:	Firm:	Phone:	Ext.
			email:	

Bank Info	Bank Name:	aba#	Taxes	Dir Dep	Electronic Signature (within box)
		Acct #:	Fees	Checks	
	Bank Name:	aba#	Taxes	Dir Dep	
		Acct #:	Fees	Checks	
If common account, only fill in Account 1 and indicate "Common Account" for Account 2			Circle all that apply		

Agencies	1.	3.
	2.	4.

Delivery	Mail	Courier	Special Instructions:
	UPS	Pick-Up	
	Electronic		
	Other: _____		

Earnings	Reg, OT, Holiday, Other	_____
	Vacation, Personal, Sick	_____
	Bonus, 3rd Party Sick	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Special Instructions: (Non-Taxable earnings, etc)		

Deductions*	DBL ( Y / N )	_____
	Miscellaneous	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
* Be sure to indicate if Pre-Tax, attached Agencies, etc.		
Special Instructions: (pension match rules, etc)		



