



CLIENT INFORMATION FORM

CLIENT GENERAL INFORMATION
CLIENT ID:
ENGLISH NAME:
ADDRESS:
CITY:
PROVINCE:
POSTAL CODE:
TELEPHONE: () -
FAX: () -
E-MAIL:
EI NORMAL EMP #:(BN)
EI REDUCED EMP #:
UNION:
DEPARTMENT:
DIRECT DEPOSIT DAY:
REDUCED RATE EI:
BANKING INFORMATION
BANK NAME:
INSTITUTION NUMBER:
BRANCH NUMBER:
ACCOUNT NUMBER:
WCB/CSST RATE:
PAY PERIOD INFORMATION
START DATE: (Y/M/D) / /
PAY DATE: (Y/M/D) / /
NUMBER OF PERIODS:
FREQUENCY:

OTHER INFORMATION
CONTACT 1:
TELEPHONE: () -
CONTACT 2:
TELEPHONE: () -
SET-UP FEE: \$ 75.00
FEES RECEIVED?: Yes <input type="checkbox"/> No <input type="checkbox"/>
STANDARD GROSS PAY: \$
STANDARD NET PAY: \$
NUMBER OF CHEQUES:
NUMBER OF DIRECT DEPOSITS:
<input type="checkbox"/> <input type="checkbox"/>
DAS FREQUENCY/FEDERAL:
DAS FREQUENCY/ONTARIO:
DELIVERY TYPE:
CLASSIFICATION 1:
CLASSIFICATION 2:
CLASSIFICATION 3:
OTHER INFORMATION

FORM: PT 1000C

CLIENT ACKNOWLEDGEMENT

DATE