

CLIENT GENERAL INFORMATION

Legal Name _____ Operating As _____
Address _____ City _____
Province _____ Postal Code _____
Telephone _____ Fax _____ E-mail _____
EI: NORMAL REDUCED Rate _____
CRA # _____ RP# _____ Quebec Account # _____ Q.C Remittance Sched. _____
CRA Remittance Sched. _____ Quebec FSS Rate _____ CSST Rate _____
NS WCB # _____ NS WCB Rate _____

BANKING INFORMATION ATTACH VOID CHQ.

Bank Name _____ Institution Number _____
Transit Number _____ Account Number _____

PAYROLL SCHEDULE

1st Day of Pay Period ____/____/____ Last Day of Pay Period ____/____/____
Pay Date ____/____/____ Payroll Frequency: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

OTHER INFORMATION

Payroll Contact _____ Email _____ Telephone _____
ROE Contact _____ Email _____ Telephone _____
Standard Gross Per Pay Run _____ Employee Pay Stubs to be Emailed: YES NO
Additional Notes _____

***A COPY OF A VOID COMPANY CHEQUE TO BE EMAILED WITH THIS FORM**