

CLIENT INFORMATION FORM

Legal Name		Operating As	
Address		City	
Province		Postal Code	
Telephone	Fax	E-mail	
El: NORMAL REDUCED RE	ate		CRA Remittance Schedule:
CRA Business # (9-digits)		RP#	
BANKING INFORMATI	ONattach company v	/OID CHQ.*	
Bank Name		Institution Number	
Transit Number		Account Number	
PAYROLL SCHEDULE 1st Day of Pay Period / Pay Date //	/	Last Day of Pay Period _	//
OTHER INFORMATIO	N important contact	INFORMATION	
	Email		
Payroll Contact			
Payroll Contact	Cellphone		
Telephone	Email		

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