

CLIENT GENERAL INFORMATION THE "BUSINESS BASICS"

Legal Name _____ Operating As _____

Address _____ City _____

Province _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

EI: NORMAL REDUCED Rate _____

CRA Business # (9-digits) _____ RP# _____

CRA Remittance Schedule:

NORMAL

ACCELERATED THRESHOLD 1

ACCELERATED THRESHOLD 2

BANKING INFORMATION ATTACH COMPANY VOID CHQ.*

Bank Name _____ Institution Number _____

Transit Number _____ Account Number _____

PAYROLL SCHEDULE BI-WEEKLY: EVERY OTHER WEEK SEMI-MONTHLY: TWICE A MONTH

1st Day of Pay Period ____/____/____ Last Day of Pay Period ____/____/____

Pay Date ____/____/____ Payroll Frequency: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

OTHER INFORMATION IMPORTANT CONTACT INFORMATION

Payroll Contact _____ Email _____

Telephone _____ Cellphone _____

ROE Contact _____ Email _____

Telephone _____ Cellphone _____

Standard Gross-\$ Per Pay _____ Email Pay Stubs to Employees: YES NO

Additional Notes _____

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