

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**