



New Client Information Form

Company Name: _____

Trade Name: _____

Physical Address: _____

Ship to Address: _____

Contact Person: _____ **Email:** _____

Phone: _____ **Fax:** _____

Date of First Payrun: _____

Preferred Method of Communication: PHONE - FAX - EMAIL - WEB SITE

Payroll Method: DIRECT DEPOSIT - CHECKS - BOTH

Payroll Tax Payments: IMPOUND/DIRECT DEBIT - CHECK PAYMENTS

Federal ID #: _____ **State ID#:** _____

Ohio Unemployment #: _____ **Rate:** _____

Payroll Frequency: WEEKLY - BI-WEEKLY - SEMI-MONTHLY - MONTHLY - OTHER

Federal 941 Frequency: SEMI-WEEKLY - MONTHLY - QUARTERLY

Check Type: CUSTOMER ACCOUNT - OPP ACCOUNT

Electronic Signature: Yes - No

BANKING INFORMATION

Bank Name: _____

Address: _____

Routing #: _____

Account #: _____