

CLIENT GENERAL INFORMATION

Legal Name _____ Operating As _____
 Address _____ City _____
 Province _____ Postal Code _____
 Telephone _____ Fax _____ E-mail _____
 CRA # _____ CRA Remittance Sched. _____
 Quebec Account # _____ Q.C Remittance Sched. _____
 Quebec FSS Rate _____ Ontario EHT # _____
 WSIB Rate _____ NS WCB # _____ NS WCB Rate _____

BANKING INFORMATION ATTACH VOID CHQ.

Bank Name _____ Institution Number _____
 Transit Number _____ Account Number _____
 1st Day of Pay Period ____/____/____ Pay Date ____/____/____
 Frequency: WEEKLY BI-WEEKLY SEMI-WEEKLY MONTHLY

OTHER INFORMATION

Payroll Contact _____ Email _____ Telephone _____
 ROE Contact _____ Email _____ Telephone _____
 Standard Gross Per Pay Run _____
 Additional Notes _____

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