PADGETT
THE SMALL BIZ PROS

CLIENT INFORMATION FORM

CLIENT GENERAL INFORMATION
LEGAL NAME:
DBA:
ADDRESS:
CITY:
PROVINCE:
POSTAL CODE:
TELEPHONE: ( )
FAX: ( )
E-MAIL:
CRA #:
CRA REMITTANCE SCHED.:
CRA REDUCED RATE #:
CRA REDUCED ACCT#:
QUEBEC ACCOUNT #:
P.Q. REMITTANCE SCHED.:
QUEBEC FSS RATE:
ONTARIO EHT #:
WSIB RATE:

BANKING INFORMATION
BANK NAME:
INSTITUTION NUMBER:
TRANSIT NUMBER:
ACCOUNT NUMBER:

PAY PERIOD INFORMATION
START DATE: (M/D/Y) / /
PAY DATE: (M/D/Y) / /
DIRECT DEPOSIT DAY:
FREQUENCY:

OTHER INFORMATION
CONTACT 1:
TELEPHONE: ( )
CONTACT 2:
TELEPHONE: ( )
SET-UP FEE: $
FEES RECEIVED: YES NO
STANDARD GROSS PAY: $
STANDARD NET PAY: $
NUMBER OF CHEQUES:
NUMBER OF DIRECT DEPOSITS:
TIME AND ATTENDANCE: YES NO
DELIVERY TYPE:
PIC CODE:
UNION:
DEPARTMENT:
PAYROLL GROUP:

ESTIMATED FEE/ PERIOD	
BASE FEE	
PER EMPLOYEE	
DELIVERY	
TOTAL:	

FORM: PP 1000C

CLIENT ACKNOWLEDGEMENT DATE