

Company Information

Legal Name:	DBA:	
Legal Address:		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Contact:	Title:	

Retirement Plan Information

Payable to:	
Address:	
City, State & Zip:	
Company Match:	Frequency:

Vacation/Sick Accrual

Vacation / Sick Time Accrued? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Copy of Policy is Required if Yes
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Garnishment Information

Third Party Garnishments Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Notice(s) / Order(s) are Required if Yes
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CPA Information

CPA:	Firm:
Phone:	Address:
Fax:	City, State, Zip:
Email:	Website:
Client's Initials	I authorize Payroll Resources, LLC to provide my accountant access to requested payroll information via paper and/or electronic format. This authorization will remain in effect until I notify Payroll Resources of any change in status.

# ATTACH VOIDED CHECK

Starting Check Number: \_\_\_\_\_

**Single Signature \***

**Double Signature \***

**Logo \*\***

**Logo with Address \*\***

\* Required when checks are Pre-Signed

\*\* Required when client's logo is imprinted on checks