



Client Information

Setup Date:	1 st Check Date:
Account Representative:	Prior Service Provider:

Customer Information	Legal Name:		
	dba or known as:		
	Address 1:		
	Address 2 :		
	City:	State:	Zip / Postal Code:
	Phone:	Fax:	

Contact Information	Payroll Contact Name:	Title:	Phone:	ext
			Email:	
	Contact 2:	Title:	Phone:	ext
			Email:	
	Accountant:	Title:	Phone:	ext
			Email:	

Bank Info	Bank Name:	aba#:	Taxes	Direct Dep	Check Signature (must stay within the box)
		Account#:	Fees	Checks	
	Bank Name:	aba#:	Taxes	Direct Dep	
		Account#:	Fees	Checks	
	Circle all that apply				

Agencies	1.	2.
	3.	4.

Delivery	U.S. Mail	Special delivery instructions:
	UPS Fed X	
	Electronic Pick-up	
	Other	

Earnings	Salary, Regular, OT,	_____
	Holiday, Personal,	_____
	Vacation, Sick, Other,	_____
	Bereavement, Bonus	_____
	Jury Duty,	_____
	Miscellaneous	_____
Special Instructions :		

Deductions*	Garnishments, Fees	_____
	Union Dues,	_____
	Medical Insurance,	_____
	HSA	_____
	_____	_____
	_____	_____

Tax Information	Corporation Type:	S-Corp C-Corp	Sole Prop. Partnership	LLC Other	Business Type:	Manufacturing, Construction, Salon	Federal ID Number
	Federal Deposit Frequency	State ID Number:			SUI Number:		SUI Rate:
	Locals: _____ : _____ _____ _____						

Schedule	1 st P/E Date:	Submission Method: Fax Call-in Evolution Swipeclock Auto E-sheet Other					
	1 st Check Date:	Submission Day:	Check Grouping Order: Alpha by: Company Division Branch Department Team				
	Frequency:	Special Instructions:					

Input Worksheet Grouping Order: Alpha by: Company Division Branch Department Team

Company Organization Division / Branch / Department / Team	Organization Used:																																																												
	<table border="1"> <thead> <tr> <th>Division</th> <th>Branch</th> <th>Department</th> <th>Team</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Division	Branch	Department	Team	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Additional Services Requested	Check all that apply.
	<input type="checkbox"/> Pressure sealed Checks
	<input type="checkbox"/> Direct Deposit
	<input type="checkbox"/> Evolution Client
	<input type="checkbox"/> General Ledger
	<input type="checkbox"/> Time Off Accruals
	<input type="checkbox"/> Pay as You Go W/C
	<input type="checkbox"/> Time & Attendance
	<input type="checkbox"/> Electronic Reporting
	<input type="checkbox"/> Email Check Stubs (VMR)
<input type="checkbox"/> Other	

Certification	I have verified the information contained on this form, and certify that to the best of my knowledge the information is accurate

	Client Signature _____ Date _____ Printed Name _____

