



AccountTek Advantage

Client Information Form

Legal Name _____

DBA Name (if applicable) _____

Business Address _____

Business Phone _____

Federal Tax ID _____

State Tax ID* _____

State Unemployment* _____

State PFML* _____

*If doing business in multiple states, please include an attached sheet for each state and identify each state, type of account, and number with the state.

Payroll Schedule ___ Weekly ___ Bi-Weekly ___ Monthly

Payroll Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Tax Deposit Schedule ___ Weekly ___ Monthly ___ Annually

Bank Name _____

Routing Number _____ Account #** _____

**This account will be used for paycheck, tax, and payroll fee automatic withdrawals each pay period. If you wish to change this account, please provide the updated bank information in writing at least 1 pay period prior to the effective date.

Primary Payroll Individual*** _____ E-Mail _____

Alternative Payroll Individual*** _____ E-Mail _____

(If more attach sheet)

***Payroll individuals are authorized to approve, submit, and pick up payroll. If you only wish to allow an individual to pick up payroll, please leave the e-mail section blank. **Payroll will not be released to anyone not authorized on this list.**

By signing this form, you are confirming the information above is correct for your business and the individuals listed are authorized to conduct payroll business. **You acknowledge payroll must be submitted 2 business days prior to the pay date by 2pm EST.** You are authorizing the payroll fee, direct deposits, and any escrow tax withholdings to be automatically deducted from your bank account 1 business day prior to your pay date.

Signature _____

Printed Name _____

Title _____

Date _____