

# Client Information



**Legal Client Name:**

**DBA Name:**

**Mailing Address:**

**Physical Address:**

**Contact Name:**

**Phone:**

**Cell:**

**Fax:**

**Email:**

**First Pay Date:**

**Period Start:**

**Period End:**

**# Employees:**

**Frequency:** W BW SM M

**SEMI-MONTHLY: First Pay:**

**Second Pay:**

**Work Week Begins:** Sun Mon Tues Wed Thur Fri Sat

**Entity Type:**

**Tax Impound Options:**  Full Tax Service  EFTPS  Secure Pay

## Federal Reporting

Federal ID Number (FEIN):

Federal Unemployment Tax (FUTA) Status: Exempt Taxable

## State Reporting

Primary State: State ID Tax Number(s):

State Unemployment Tax (SUTA) status: Exempt Taxable

SUI%:

ETT%:

## Multi-State Reporting

State:

SUI ID:

SUI Rate:

Withholding ID:

State:

SUI ID:

SUI Rate:

Withholding ID:

## Tax Deferred Plans

Med125  403-B TSA  Simple IRA  HSA

401-K  408-K SARSEP  FSA

**CPA/ Accountant Name:**

**CPA/ Accountant Firm Name:**

**Phone:**

**Fax:**

**Email:**

**Mailing Address:**

CPA/ Accountant is Authorized to receive payroll / tax information listed above as requested

**Bank Account Information:** Please attach Voided Check **(KEEP SIGNATURE WITHIN BOX)**

**Signature 1**

**Signature 2**

CLIENT authorizes SourceOne Payroll Services as its payroll processor or its Agent(s) to initiate debit entries for collection of a) Payroll Tax obligations, b) Applicable Payroll Service fee. Such entries will be debited out of the client's current payroll account or the account indicated by the sample VOIDED CHECK, as provided by the CLIENT. If for any reason this account should change, the CLIENT agrees to provide the new account information to SourceOne Payroll Services in a timely manner.

Client hereby authorizes client's bank to pay and charge client's account for charges drawn on client's account and payable to the order of SourceOne Payroll Services. Client agrees that client's bank's right in respect to each charge shall be the same as if it were drawn on it, and signed personally by or on behalf of client. This authority is to remain in effect until revoked by client in writing, and until bank receives such notice, agrees that bank shall be fully protected in honoring these charges. Further agree that if any such charge is dishonored, whether with or without cause and whether intentionally or inadvertently, bank shall have no liability whatsoever.

This agreement may be considered as an application for the credit and authorizes SourceOne Payroll to investigate the credit of the client of its principles including vendor references, bank account status and history.

Additional Terms and Conditions: The additional terms and conditions are incorporated in the Sales Order Form, and are part of this Banking Agreement and are incorporated herein by reference. This agreement shall not become effective unless signed by an authorized representative of SourceOne Payroll and Client.

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Legal Client Name: \_\_\_\_\_

## Signature Page



Corporate Officer's Signature / Title		Date
Address	City, State	Zip
Social Security Number	Original start date current owner/entity	
Client Authorization Signature / Print Name		Date
SourceOne Payroll Signature / Print Name		Date