



New Client Setup Form

(Some questions may not pertain to your business)

Company Contact Information

1. Business Legal Name: _____
2. DBA Name (if different than above): _____
3. Company Legal Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Company Telephone #: _____ Fax #: _____
6. Payroll Contact: _____ Telephone #: _____
7. Payroll Contact Email Address: _____

Payroll Information

- | | | | | | | | |
|--|----------------------|--------------------|-----------------------|---------|---------------|------|------|
| 1. Type of service desired: | MasterPay (full tax) | BasicPay (non-tax) | | | | | |
| 2. Do you process payroll year round: | Yes | No | | | | | |
| If seasonal, please list the # of active months per year: _____ | | | | | | | |
| 3. What is your pay frequency? | Weekly | Bi-Weekly | Semi-Monthly | Monthly | | | |
| 4. What is your pay period start date? | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| 5. What is your pay period end date? | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| 6. What is your check day? | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| 7. How many active employees do you have? | _____ | | | | | | |
| 8. How do you like to submit payroll? | Fax | Call | Email | Online | We Call You | | |
| 9. Payroll delivery method preference? | Email | UPS | 1 st Class | Pick Up | Priority Mail | | |
| 10. Would you like check stuffing service? | | | | Yes | No | | |
| 11. Would you like direct deposit for employees? | | | | Yes | No | | |
| 12. Will you have deduction payments?
(Child support, Simple IRA, 401K, ect.) | | | | Yes | No | | |
| 13. Do you want information on Worker's Comp plans?
(We have a partnership with Hartford Insurance who offers audit Free "Pay As You Go" plans) | | | | Yes | No | | |
| 14. Would you like your signature pre-printed on checks? | | | | Yes | No | | |

Tax Information

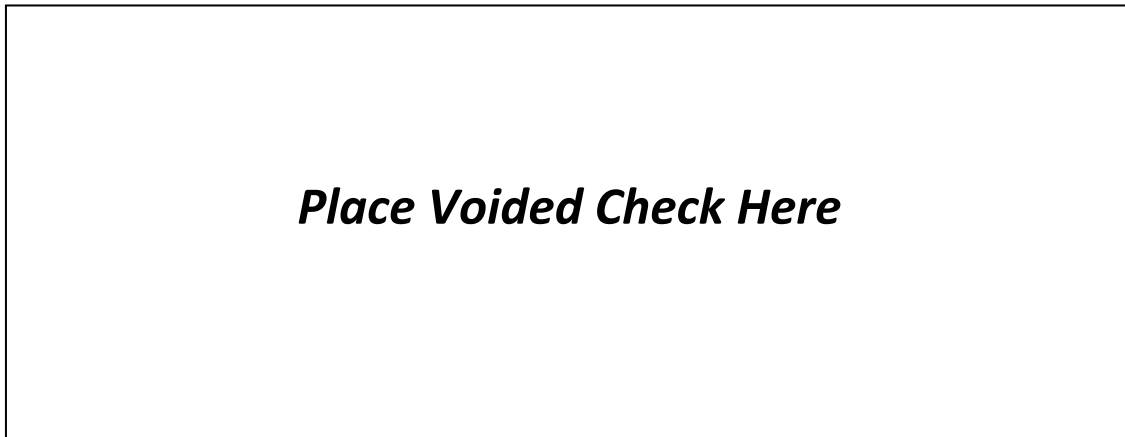
1. What is your Federal ID #? _____
2. What is your State ID #? _____
3. List unemployment tax reporting state(s): _____

- | | | |
|---|-----|----|
| 4. Are you a new employer? | Yes | No |
| 5. Do you need our assistance in registering your company with the I.R.S and the State? | Yes | No |

Bank Information

1. Account Type (used for payroll checks): Checking Savings Starting Check #: _____
2. Employer Bank Account Number: _____
3. Bank Routing Number: _____
4. Bank Name: _____
- Bank Address: _____
- City: _____ State _____ Zip Code _____

*****Please Include a Copy of a Voided Check from your Payroll Account*****



Authorized Signature: _____ Date: _____

Please Email or Fax Completed Forms to: kviola@eaglepayroll.com or 978-640-4958.

Office Use Only

Company #: _____ Date of Sign-Up: _____ Installer: _____ Salesperson: _____

Price Code: _____ Check Form ID: _____ Sign Security ID#: _____

EB: _____ PAI: _____ ACT: _____ UPS: _____ USPS: _____ POL: _____ WC: _____