



NEW CLIENT IMPLEMENTATION FORM

Part 1 - Company Information

Company Legal Name		
DBA Name		
Legal Address		
City	State	Zip
Payroll Contact	P h o n e	
Email Address	F a x	
Wrap-up Instructions:		

Sales Person	P a y r o l l S p e c i a l i s t
First Check Date	C a l l D a t e



Period Start Date	Call Time
Period End Date	Pay Frequency
Delivery Method: Courier UPS Next Day UPS 2 nd Day UPS Ground US Mail x Email	
Delivery Instructions: Client will pick-up	
How will the client report their payroll data? Phone Fax Email x Web	

[illegible]

ProPay

PROFESSIONAL

Payroll Services, Ltd.

Name		Title			
Address		City		State	Zip
Email	Phone		Fax		
	()		()		

CPA Information					
Name		Does CPA have access to accounts?			
		Yes No			
Address		City		State	Zip
Email	Phone		Fax		
	()		()		

Part 2 - Tax Information

Will the Client be using our Tax Service? Yes No

- Federal Identification Number:
- A preprinted IRS document must be included
- State Unemployment Number:
- State Withholding Number :
- If "applied for" you must submit a copy of the application
- State Unemployment Rate:
- Company Local (if any):

Part 3 - Banking Information

**** You must include a copy of a void check with this paperwork.**



Starting Check #

Part 5 – Additional Reports

List any additional reports that must be setup for the client:

Name of Report	Print Frequency	Charge
		\$
		\$

Part 6 - Miscellaneous Information

Services

Check all that applies to this client:

Associated Pension Client Direct Deposit Check Signing Check Stuffing

Do they currently use Workers' Comp "Pay As You Go"?	Yes	No
Will they be using the APC Workers' Comp program?	Yes	No
Do they have any 3 rd party sick pay this year?	Yes	No
Do they have any garnishments?	Yes	No
Do they use time off accruals?	Yes	No
Do they require specific employee numbers?	Yes	No
Do they have any 1099s?	Yes	No
Is this client a restaurant?	Yes	No

Part 7 - Additional Comments

Include any important notes for this client here: