

New Client Profile

Company Name: _____ EIN#: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Phone Number: _____
Fax Number: _____ E-mail: _____
Contact Name (s): _____
DOB: _____ SS#: _____

General Payroll Information

Pay Date:
Monday Tuesday Wednesday Thursday Friday

Payroll Frequency:
Weekly Bi-weekly Semi-monthly Monthly

Will your employees receive:
Direct deposit stubs Live checks

Delivery Method:
E-mailed Pick-up Faxed Delivered Mailed

Startup Fee: _____

Payroll Fee: _____

Estimated number of
employees:

Banking Information

Bank Name: _____

Accounting #: _____

Routing #: _____

Payroll Tax Information

PA Withholding #: _____ PAUC#: _____ UC Rate: _____

HAB ID: _____ PA 100 Complete? _____

Welcome to SBA – Our team looks forward to working with you. Make it a great day!

