

### Online Application

**Please Select One:** Your Company is a:

Sole Proprietorship

Partnership

Corporation

LLC

Non Profit Corporation

#### General Company Information:

Company Legal Name:

EIN:

Company DBA (if different than legal name):

Business Address:

City:

State:

Zip:

Website:

Company Principal Name (signing this agreement):

Company Principal's Email:

Phone:

Fax:

Payroll Administrator's Email:

Phone:

Fax:

#### Company Payroll Bank Account Information

Bank Name:

Current Account Balance:

Bank Routing Number:

Bank Account Number:

Bank Contact Name:

Bank Phone Number:

#### CPA Information

CPA Name:

Phone:

Email:

#### Payroll Information

# of Employees:

Payroll Frequency:

First Pay Date:

# of Direct Deposits:

Auto Check Signing:

Yes

No

Preferred Method of Payroll Reporting:

Phone

Email

Online

Other

**I agree that the information above is accurate and can be verified by HiTech Payroll Inc.**

Company Principal's Printed Name: \_\_\_\_\_

Company Principal's Signature: \_\_\_\_\_ Years as Principal of Company: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Rush Service Required? \_\_\_\_\_

**Please fax this signed application to: 1-877-214-0946 and a Payroll Representative will contact you shortly.**