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NEW CLIENT SET-UP FORM

This New Client Set-Up Form and all other forms included in this packet must be completed, signed and dated by a registered owner or officer in order to prevent any delays in processing.

How did you hear about Precisely Payroll? E-mail Postcard Ad Chamber Friend Other _____

Current Payroll Method: In-house Outsource: _____ Number of Employees: _____

Common Name/DBA: _____

Legal Name: _____
 (Please include entity type ie. Sole Proprietor, LLC, INC, Non-Profit)

Company Address: _____

City: _____ State: _____ Zip: _____ Bank Name: _____

Contact Name: _____ E-mail: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

PAYROLL PROCESSING

Pay Schedule

- Weekly Monthly
- Bi-Weekly Quarterly
- Semi-Monthly Annually

Pay Date(s): _____

Pay Cycle

- Start: _____ End: _____
- Starting Check #: _____
- Date of Last Payroll: _____
- First Process Date: _____
- NO Payroll this Year

Processing Options

- Direct Deposit
- Masterlink
- Agency Checks/Garnishments
- Health Savings Account
- Worker's Comp
- Time & Attendance/Timeclock
- Stuff & Seal Checks

PAYROLL TAXES

Full tax service? YES NO Federal Tax deposit requirement schedule: MONTHLY SEMI-WEEKLY

Federal EIN:

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Oregon State EIN:

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Other State EIN: _____

Do you have any agricultural employees? YES NO

DELIVERY

Payday Reports: E-mail PDF Standard Delivery

Email: _____

Password:

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Employee Paystubs/e-Checks

- Email (see Direct Deposit Authorization) Standard Delivery
- Email check on pay date? Time: _____
- Alternate Date: _____ Time: _____

Invoice: e-Bill (with completed agreement) Standard Delivery

Standard Delivery Instructions

- Pick up at Precisely Payroll Mail Courier

Mailing or Courier Delivery Address:

Attention: _____

Address: _____

City: _____ Zip: _____