



259 West 30th Street, Suite 401
New York, NY 10001
Phone: (212) 684-8827
Fax: (212) 684-6036
Email: mweiss@basicpay.biz

New Client Enrollment

Page 1 of 2

Legal Name: _____ DBA Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Executive Contact: _____ Title: _____

Telephone: _____ Ext: _____ Fax: _____

Email Address: _____

Payroll Contact: _____ Title: _____

Telephone: _____ Ext: _____ Fax: _____

Email Address: _____

Bank Information

Bank Name: _____

Routing/ABA Number: _____ Account Number: _____

Starting Check Number: _____ *****Must include a void copy of company check**

Payroll Information

Federal EIN #: _____ State ID # _____ State Unemployment Rate: _____

Payroll Frequency (circle one): Weekly Bi-weekly Semi-monthly Monthly

Do you pay employees in multiple states? No Yes List State Abbreviations: _____

Est. 1st Check Date: ___/___/___ Period Covered: Start Date ___/___/___ through End Date ___/___/___

Pay Period Beginning: M T W TH F SAT SUN Pay Period Ending Day: M T W TH F SAT SUN

Sign Checks: Yes No Stuff Checks: Yes No

Employee ACE (Direct Deposit): Yes No

Preferred Method to Communicate Payroll: Remote Entry Phone Fax Email

Generate 3rd Party Checks (Child Support/Garnishments/Insurance): Yes No



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Schedule Sample

Payroll Frequency: _____

Period End Date: ____/____/____

Pick Up Date: ____/____/____

Check Date: ____/____/____

Delivery Date: ____/____/____

Input Method: FAX PC/PAY CALL-IN OTHER _____

Time In: ____: ____ Comments: _____

Delivery Method: Pick-Up Courier Mail E-mail (Viewchoice) UPS: Next Day/2nd Day

Delivery to the attention of: _____

Deliver to Email address(s): _____

New Hire Info (for NY Companies only)

Does your company offer Dependent Benefits? Yes No

If yes, when are new hires eligible? _____

Workers' Compensation/NYS Disability

If you are interest in NYS Disability Insurance and/or a Workers' Compensation plan that allows you to pay your premium based on actual payroll processed – one payroll period at a time, please contact:

Glenn Gargan @ (212) 684-8827 ext 229
 Email: glenn@garganbenefits.com

Company Tax ID Information

State	UI Tax ID #	Rate	Exempt: yes no

Is your company currently on NYS PrompTax? If yes, please provide the following:

ACCESS CODE: _____
 PASSWORD: _____

Also, please request a "Change of PrompTax Registration" forms for signature