



Online Application

Please Select One: Your Company is a:

Sole Proprietorship Partnership Corporation LLC Non Profit Corp.

General Company Information:

Company's Legal Name _____ EIN # _____

Company's DBA (if different than legal name) _____

Business Address _____

City _____ State _____ Zip _____ Website: _____

Company Principal Name: (signing this agreement) _____

Company Principal: Email Address _____ Phone # _____ Fax # _____

Payroll Administrator: Email Address _____ Phone# _____ Fax# _____

Company's Bank Account for Payroll:

Bank Name: _____ Current Account Balance: _____

Bank Routing Number: _____ Bank Account Number _____

Bank Contact Name: _____ Bank Phone Number _____

CPA Information:

CPA Name: _____ Phone #: _____ Email Address: _____

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: 1-845-290-9598 and a Payroll Representative will contact you shortly.