



- New Business
- Existing Business
- International Business

Payroll Registration Form

Customer I.D.# (for PSI use only):

Legal Company Name (as registered with CRA):

Type of Legal Entity:

Jurisdiction of Registration:

(Please supply copy of Articles of Incorporation or Business Registration as noted on checklist)

Mailing Address:

City: Province: State:

Postal: Zip: Website:

CRA Registered Address:

City: Province: State:

Postal: Zip: Phone:

Fax: Email:

Type of Business Activity:

Contact(s) for Payroll:

Title: Email:

Phone: Ext:

Estimated Number of Employees: Subcontractors:

PSI Only: Authorized User Set-up:

Payroll Details Control: Weekend and Holiday Pay Procedure

Government Source Deductions:

Province of Registration:

CRA Business Registration Number: RP:

Quebec Business Registration Number: RP:

Reduced Rate BN Number: RP:

Reduced Rate:

PSI will handle your Government source deduction remittances on your behalf unless indicated below:

We do not wish to have PSI collect and remit source deductions on our behalf

Threshold for Remitting:

When are you scheduled to submit your remittances?

Above confirmed with CRA by PSI: Date: Initial:

Employer Health Tax:

Do you have an EHT number?

EHT Number:

PSI will handle EHT remittances on your behalf unless indicated below:

We do not wish to have PSI collect and remit EHT on our behalf

Client Initial: _____

PSI Initial: _____

Workplace Safety Insurance Board: (WSIB)

Do you have a WSIB Number?

Remittance Frequency: WSIB Number:

WSIB Classification Code: WSIB Rate:

PSI will handle your WSIB remittances on your behalf unless indicated below:

We do not wish to have PSI collect and remit WSIB on our behalf

Above confirmed with WSIB by PSI: Date: Initial:

Client Only:

I, _____ hereby declare the above information provided is true to the best of my knowledge.

Date: _____

Client Initial: _____

PSI Initial: _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Client authorizes PSI to calculate all fees and charges in accordance with the Client Service and Authorization Agreement and the Schedule of Fees attached thereto as the Proposal and Price List, including any adjustments to PSI's billing cycle of which Client receives advance notice, and initiate an electronic funds transfer from the following bank account to pay such charges. Client may change the account from which PSI initiates electronic funds transfers upon thirty (30) days advance written notice to:

Must be completed by company signing officer

**Payroll Solutions International
490 York Road, Building E
Guelph, Ontario, Canada
N1E 6V1**

Account Name: _____
Bank Name: _____
Institution Number: _____
Transit Number: _____
Account Number: _____

CLIENT:

BY: _____
NAME: _____
TITLE: _____
DATE: _____

Please attach readable void cheque.

Client Initial: _____

PSI Initial: _____