

## Client Information Form

Please note: Company will not be set up unless all applicable information is completed

- Please Check:**
- New Customer
  - Revised (Please select type of revision(s) below)
    - Processing Window
    - Account Number (Signature Required)
  - Close / Inactivate

Processor Name \_\_\_\_\_ PIN \_\_\_\_\_

Company Legal Name \_\_\_\_\_

Company dba name \_\_\_\_\_

Company Ownership (please list names of all company owners) \_\_\_\_\_

Tax Identification Number\* \_\_\_\_\_ Years in Business \_\_\_\_\_

\* **Federal Tax ID # verification is also required to be submitted with this form.** Acceptable verification options include: any official document from a trusted third party listing company name along with tax ID (i.e. any IRS Form including SS-4 or 147-C, tax return signed by entity & preparer, printout from EFTPS)

Company Address (physical address, PO Boxes not accepted) \_\_\_\_\_

Company City, State, Zip \_\_\_\_\_

Company Contact Person \_\_\_\_\_ Company Phone # \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Business \_\_\_\_\_

**Processing Window**

\_\_\_\_\_ 3 Day Processing Window (24 hour)

\_\_\_\_\_ 4 Day Processing Window (48 hour)

**Type of Transactions to be submitted:**

- Payroll Direct Deposit
- Billing (fees)
- Tax Impound
- Tax Payment
- Vendor Payment
- Net Pay Impound

**For Revised Account Information ONLY:**

Old/Current – Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

New – Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Processor Signature (individual MUST be listed on Authorized Individuals form on file at InterceptEFT):**

**Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

