

Part C
Payroll deductions account information – Complete C1 and C2 if you need a BN payroll deductions account.

Do you want us to send you payroll deductions information? Yes No

C1 Payroll deductions account identification. (Check box if same as in Part A1 on page 1.)

Account name _____

Address _____

_____ Postal or zip code _____

Mailing address for payroll deductions	c/o _____
	Address _____
	_____ Postal or zip code _____

Contact person (If you choose to name a contact for your account, see our pamphlet for more information.)		Language <input type="checkbox"/> English <input type="checkbox"/> French
First name _____	Last name _____	
Title _____	Telephone number () _____	Fax number () _____

C2 General information (Please complete this area so that we can send you the information you need.)

a) Type of payment
 Payroll Registered retirement savings plan
 Registered retirement income fund Other (specify) _____

b) How often will you pay your employees or payees? Please check the pay period(s) that apply.
 Daily Weekly Bi-weekly Semi-monthly
 Monthly Annually Other (specify) _____

c) Will you use your own computer program for payroll purposes? No Yes If yes, do you need our payroll formulas? No Yes

d) Do you use a payroll service bureau? No Yes If yes, which one? (enter name) _____

e) Do you want to receive a copy of the Payroll Deductions Tables? No Yes
 If yes, select one of the following. paper Windows diskette DOS diskette

f) When will you make the first payment to your employees or payees?

Year				Month		Day			

g) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? _____

h) Duration of business operation Year round Seasonal
 If seasonal, please check month(s) of operation.

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

i) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? No Yes If yes, enter country _____

j) Are you a franchisee? No Yes If yes, enter the name and country of the franchisor _____

