

**APPLICATION TO SETUP PAYROLL ACCOUNT**



<b>Bus address</b>	<b>Company Name:</b>		
	<b>FEIN:</b>		
	mytax.illinois.gov	<b>Username:</b>	<b>Password:</b>
	eftps.gov	<b>PIN:</b>	<b>Password:</b>
	<b>Street</b>		
	<b>City</b>		
	<b>State</b>		
	<b>Zip</b>		
	<b>Email</b>		
	<b>Phone</b>		
<b>Nature of the business:</b>			

Use additional forms for more Employees

		<b>Employee Name</b>	
		<b>SSN</b>	
<b>Amount</b>			<b>DOB</b>
			<b>Street</b>
<b>Quantity</b>	<b>Address</b>	<b>City</b>	<b>City</b>
		<b>State</b>	<b>State</b>
		<b>Zip</b>	<b>Zip</b>
		<b>Email</b>	<b>Email</b>
		<b>Phone</b>	<b>Phone</b>
		<b>Phone</b>	

I on behalf of \_\_\_\_\_  
 authorize TM Accountant Inc to electronically debit my bank account and, if necessary,  
 electronically credit my account to correct erroneous debits.

**Name on Account:**  
**Bank Account Number:**  
**Bank Routing Number:**  
**Bank Name:**

I understand that this authorization will remain in full force and effect until I notify  
 TM Accountant Inc in writing, that I wish to revoke this authorization.

I understand that TM Accountant Inc requires at least 10 business days prior notice in order  
 to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that  
 TM Accountant Inc may attempt to process the transaction again within 30 days, and I agree  
 to an additional fee authorized by the bank.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_