



Payroll Service Bureau
 9017 Reseda Blvd. Ste 205 Northridge, CA 91324
 Phone (818) 528-5535 Fax (818) 449-0415

2010

NOTE: We are closed on the holidays listed below.

- # New Year's Day – Friday, January 1st
- # Birthday of Martin Luther King – Monday, January 18th
- # President's Day – Monday, February 15th
- # Memorial Day – Monday, May 31st
- # Independence Day – Monday, July 5th

- # Labor Day – Monday, September 6th
- # Columbus Day – Monday, October 11th
- # Veterans Day – Thursday, November 11th
- # Thanksgiving Day – Thursday, November 25th
- # Christmas Day – Friday, December 24th

January						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



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QUICK START

***How often do you pay your workers? 1)Weekly 2) Bi-Weekly 3)Every half month

Step 1)

Owner/ Corp/ PTR/ Sole Prop

Federal I.D.

State ID#

Step 2)

Business Name / DBA

Address

City

State

Zip

Office No.:

Fax No.:

Home/Cell No.

Email

Step 3) *** Attach a Voided Check

PLEASE SIGN BELOW IF YOU REQUIRE SIGNATURES ON THE CHECK

SIGNATURE WITHIN THE BOX

SIGNATURE WITHIN THE BOX



Department Use Only
Location <input type="text"/>
Registration Date <input type="text"/>

**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT**

See reverse for instruction

SECTION I

A. Business Name	B. Employer Account Number
C. Business address (Number, Street, Box Number, City, State, Zip code)	D. Business Phone ()
E. EFT Contact Person RYAN LEE	Title PAYROLL SERVICE
E-Mail Address payrolls@gmail.com	Phone Number (818) 528-5535
	Fax Number (818) 449-0415

SECTION II

ACH Debit

IMPORTANT: Attach a voided check or bank specification sheet

A. Bank Name	
B. Bank Account Number	C. Routing Transit Number
D. <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
E. For bank account changes only, complete the following and Fax to (916) 654-7441:	
<input type="checkbox"/> Settlement date of your last payment _____	
<input type="checkbox"/> Due Date of your next Payment _____	
<input type="checkbox"/> Will your old and new bank accounts be open with funds until completion of this bank change? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION III

ACH Credit

You are authorizing your financial institution to transfer funds from your bank account to the Employment Development Department's bank account.

SECTION IV Authorization

Please read the following Authorization Agreement:		
ACH Debit – I hereby authorize designated Financial Agents of the EDD to initiate debit entries to the financial institution account indicated above, for payments owed to the EDD upon request by taxpayer or his/her representative, using the ACH debit method.		
ACH Credit – I hereby authorize the EFT contact person and the financial institutions involved in the processing of my Electronic Funds Transfer payments to receive confidential information necessary to effect my enrollment in the EFT program and to answer inquiries related to my payments.		
A. Taxpayer Signature	B. Title	C. Date

Return to Attention: EFT Unit, MIC 15 / Employment Development Department / P.O. Box 826880 / Sacramento CA 94280-0001
Phone: (916) 654-9130 / Fax: (916) 654-7441