



..... CERTIFIED PUBLIC ACCOUNTANT

CATHERINE L. OZMENT, CPA PLLC
3402 JOHN STOCKBAUER DR
VICTORIA, TEXAS 77901
361-578-7333

Contractor Information Packet

Contractor Name _____

Contractor Information:

Business Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Contact: _____ Title: _____

Phone: _____ Cell: _____ Email: _____

Principle/ Officer Name: _____ Title: _____

Ownership: _____% Social Security # _____ - _____ - _____ Years in Business: _____

Physical Home Address: _____ City: _____ State: _____ Zip _____

Products/Services: _____

Brief Description of Business:

Payroll Pay Frequency:

Weekly Bi Weekly Monthly Semi Monthly

Weekly or Bi Weekly Pay Day: Monday Tuesday Wednesday Thursday Friday

Monthly Pay date: _____ Or Semi - Monthly Pay Dates: _____ & _____

Pay Period Start Date: ____/____/____ Pay Period End Date: ____/____/____

1ST Pay Date ____/____/____

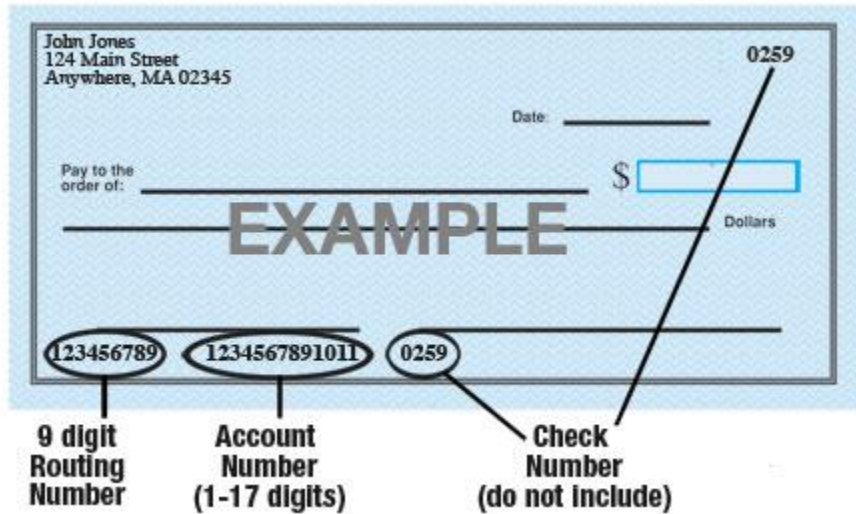
CATHERINE L. OZMENT, CPA PLLC

---The CPA, Never Underestimate The Value.®---

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

_____ is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____

Date: _____

CATHERINE L. OZMENT, CPA PLLC

---The CPA, Never Underestimate The Value.®---