

REQUEST FOR PAYROLL PROPOSAL

Church or Business Name _____

Address _____

Number of Employees _____

Pay Frequency _____

Type of Business _____

Check any of the following that apply to your operation:

Tips Prevailing Scale Wages Commissions

Contact Person _____

Contact Phone Number _____

Contact Email Address _____

RETURN FORM via FAX, Email or USPS

Phone: 717-820-4156

FAX: 717-222-5144

Email: Beth@PayMastersPA.com

790 Prescott Dr., Lebanon PA 17046

SONRISE PayMaster\$ LLC