



## PAYROLL QUOTE REQUEST FORM

| BUSINESS INFORMATION |  |
|----------------------|--|
| Business Name:       |  |
| Address 1:           |  |
| Address 2:           |  |
| City:                |  |
| State:               |  |
| Zip:                 |  |

| CONTACT INFORMATION |  |
|---------------------|--|
| Contact:            |  |
| Phone #:            |  |
| Fax #:              |  |
| Email:              |  |

| PAYROLL INFORMATION        |  |
|----------------------------|--|
| Current Payroll Provider:  |  |
| Current Annual Expense:    |  |
| Requested Transition Date: |  |
| Payroll Cycles Per Year:   |  |
| # of Direct Deposits:      |  |

| EMPLOYEE INFORMATION |                            |
|----------------------|----------------------------|
| <i>State</i>         | <i>Employees Per State</i> |
|                      |                            |
|                      |                            |
|                      |                            |
|                      |                            |
|                      |                            |
|                      |                            |

Please fax or email completed forms to:  
Attention: Payroll Services  
D/A Financial Group  
(925) 282-3240  
payroll@dafg.com