

Client Name: _____

New Employee

Change Employee Information

Name _____
First Middle I. Last

Address _____

City _____ State _____ Zip _____

S.S.# _____

Birth Date _____ Dept _____ Hire Date _____

Cell Phone # _____ Email _____

Federal Withholding _____ State Withholding State _____

Filing Status _____ Filing Status _____

of Allowances _____ # of Allowances _____

Additional Amount _____ Additional Amount _____

Salary _____ Hourly Rate _____
per pay period

Eligible for Health Benefits: Yes? _____ No? _____ Eligibility Date: _____

Deduction 1 _____ Amount _____ Note _____

Deduction 2 _____ Amount _____ Note _____

Benefit 1 _____ Amount _____ Note _____

Benefit 2 _____ Amount _____ Note _____

DIRECT DEPOSIT INFO : Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Employee Signature _____ Date _____

1st Account Number _____ 2nd Account Number _____

1st Routing Number _____ 2nd Routing Number _____

1st Amount or Percentage _____ 2nd Amount or Percentage _____

Checking or Savings _____ Checking or Savings _____

ATTACH A VOIDED CHECK