

Employer: _____

New Employee

Change Employee Information

Name _____
First Middle I. Last

Address _____

City _____ State _____ Zip _____

S.S.# _____

Birth Date _____ Dept _____ Hire Date _____

Cell # _____ Email _____

Federal Withholding

____ Attach W-4 (must be 2020 version or later)

State Withholding

____ NYS - attach IT-2104

____ Other State - attach appropriate form for that state

Salary _____
(per pay period)

Hourly Rate _____

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

Accruals: Yes? ____ No? ____ Accrual Category: _____
(if applicable)

Deduction 1 _____ Amount _____ Note _____

Deduction 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 % _____

2nd Amount or % _____

ATTACH A VOIDED CHECK