



COMPANY:

New Hire: Active Employee Change: Terminated Employee:

Employee:
Last Name First Name MI

Address:
Street Address

City State Zip

SSN: Hire Date: / / Birth Date: / / Sex: M/F

Division: Location: Dept:

Cycle: W / B / S / M Hourly / Salary

Salary Per Pay Period:

Hourly Rate 1: Rate 2: Rate 3: Rate 4:

Tax Deductions	Filing Status -circle One S or M or H H	#Of Exemptions	Flat \$ Amount Or Extra \$ or %
Federal:			
State:			

Recurring Earnings:

Description	Amount \$	Per Pay Period / Per Month

Recurring Deductions:

Description	Pre / Post	Amount \$	Per Pay Period / Per Month

Special Instructions:



Direct Deposit Authorization

Employer/Company Name: _____

Employee Name: _____

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s). **Please print clearly:**

Account #1 - Bank Name: _____

Routing/ABA # _____ Account #: _____

Amount or percentage to be deposited: _____

Account #2 - Bank Name: _____

Routing/ABA#: _____ Account #: _____

Amount or percentage to be deposited: _____

Attach a voided check or bank letter.

If you do not have a check or bank letter you must sign below that you accept full responsibility for any errors and bank returns. Incorrect bank account numbers could result in your pay being delayed. In addition, this could result in additional payroll corrections. Bank returns due to errors will result in a \$50.00 return fee.

Employee signature: _____ Date: ___/___/___

Printed name: _____

Employer signature: _____