

New Employee Payroll Information or Employee Changes

Employer: _____ Employee #: _____

Legal First Name: _____ Legal Last Name: _____ Middle: _____

Social Security#: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Primary Email Address: _____

Secondary Email Address: _____

Gender: Male Female Non-Binary Undefined

Date of Birth: ____/____/____ Date of Hire: ____/____/____ Date of Termination: ____/____/____

Position: _____

Team: _____

Department: _____

Branch: _____

Division: _____

Worker's Comp Code: _____

Work Location: _____

Pay Type: Hourly Salary

Rate of Pay: \$_____per _____ (hour/week/pay period/year)

Pay Frequency: Weekly Bi-Weekly Semi-monthly Monthly

Other Earnings (Reimbursements, etc): _____

Deductions (401k, Roth 401k, Benefit plans, etc): _____

Other Notes: _____

Please also include the following:

- Federal W4
- State W4 (if applicable)
- Direct Deposit Authorization with voided check

Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Company: _____

Client # _____

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.

Printed Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Employee Account Information. (Last item must equal remaining balance. For more accounts, attach additional sheets).

<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____ % or <input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____ % or <input type="checkbox"/> Remaining Net Pay

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____ 2001

Pay To The Order Of _____ \$ _____

ATTACH VOIDED CHECK

DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

012347678

123456789

2001

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

Check Number (is not needed to complete this form)

A Plus Payroll

Fax: 417-887-0784

Phone: 417-890-6404