



# KEENA

PAYROLL

## PAYROLL SERVICE NEW EMPLOYEE FORM

Client Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Filing Status: \_\_\_\_\_ Federal \_\_\_\_\_ State \_\_\_\_\_  
Married or Single \_\_\_\_\_  
Exemptions \_\_\_\_\_  
Additional Withheld \_\_\_\_\_

## TO BE COMPLETED BY EMPLOYER

<u>Job Title</u>	<u>W. Comp Code</u>	<u>Salary, Hourly, Commission</u>	<u>\$ Amnt Per Pay Period</u>	<u>Frequency</u>	<u>Dept</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date Of Hire: \_\_\_\_\_  
Paid Time Off Balances As Of Last Paycheck (In Hours):  
Vacation: \_\_\_\_\_ Sick: \_\_\_\_\_ Personal: \_\_\_\_\_  
List Per Check Deduction Items (indicate Pre or Post Tax):  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitter's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Keena DIRECT DEPOSIT FORM

You have the capability to directly deposit your pay into any number of accounts at any ACH accredited financial institution in the United States.

To participate in Direct Deposit, read and sign the authorization statement and provide all the necessary information. **For a checking account, attach a voided check or bank letter or specification sheet (see your local bank representative). For a savings account, attach evidence of your account number and routing number for that financial institution.**

### AUTHORIZATION STATEMENT

I hereby authorize Keena Staffing, Inc. to deposit my payroll earnings directly into the account(s) specified below as well as request the return of any amounts erroneously deposited to my account.

I understand the following:

- 1) Due to verification requirements, my direct deposit may not begin until 2 paydays after the receipt of this authorization.
- 2) This authorization will continue for the duration of my employment or until Keena Staffing, Inc. receives a signed request to change or discontinue my participation.
- 3) **The receipt of my pay stub will be my official notification that the transfer of funds from Keena Staffing, Inc. to my account has occurred.**
- 4) That Keena Staffing Inc assumes no responsibility for errors or delays by a financial institution in crediting accounts or for my failure to notify Keena Staffing, Inc that my account(s) has been CLOSED.

	<input type="checkbox"/> New Participant	<input type="checkbox"/> Change Current Distribution	<input type="checkbox"/> Discontinue Participation
<b>Company Name</b>			
<b>Name</b>		<b>E-Mail Address</b>	
<b>Signature</b>		<b>Date</b>	

Distribution Information – can be % and/or fixed amount						
<u>Bank Name</u>	<u>Routing Number</u>	<u>Bank Account Number</u>	<u>Type of Account</u> C - Checking S - Savings	<u>% of NET PAY</u>	<u>Fixed Amount Per Pay</u>	<u>Excess</u>
				%	\$	
				%	\$	
				%	\$	
				%	\$	
				%	\$	
				%	\$	
<b>Total</b>				<b>100 %</b>	<b>\$</b>	

CHECK EXAMPLE (Bottom Left Corner of Check)

MEMO  
 ⑆056073506⑆ 5435732348 11 1438  
 Routing Number Bank Account  
 (Exactly 9 digits) Number

**IMPORTANT !!\*\* A VOIDED CHECK MUST BE ATTACHED FOR EACH ACCOUNT\*\***  
 Or Bank letter or specification sheet from you local bank representative