

Employee Information Form

Employer to Complete

Date _____

Select One ☐ New Employee
☐ Update Current Employee Information
☐ Rehire Previous Employee

Location _____

Job Title _____

Hire Date _____

☐ Full-time ☐ Part-time ☐ Seasonal

Salary (Per Pay Period) _____

OR

Hourly Rate \$ _____

Will direct deposit be sent to this employee? ☐ Yes ☐ No

Employee to Complete

Last Name _____ First Name _____ Initial _____

Address _____ County _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____

Personal E-mail Address _____ Birth Date _____

Social Security Number _____

Emergency Contact Information

Name _____ Relationship _____

Emergency Telephone (_____) _____

Name _____ Relationship _____

Emergency Telephone (_____) _____

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

*Note: Split payments are not available for contractors.

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.