

NEW HIRE PAYROLL INTAKE FORM

Please complete all sections to ensure accurate payroll setup.

1. EMPLOYEE PERSONAL INFORMATION

LEGAL FIRST NAME

MIDDLE INITIAL

LEGAL LAST NAME

SOCIAL SECURITY NUMBER (SSN)

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

2. DIRECT DEPOSIT AUTHORIZATION

To designate multiple accounts, please request an additional authorization form.

BANK NAME

ACCOUNT TYPE

CHECKING SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

3. EMERGENCY CONTACT INFORMATION

CONTACT NAME

RELATIONSHIP

PHONE NUMBER

4. EMPLOYEE AUTHORIZATION

I hereby authorize the Employer to initiate credit entries (and, if necessary, debit entries and adjustments for any credit entries made in error) to my account indicated above. This authorization is to remain in full force and effect until the Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and Depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

INTERNAL USE ONLY

HIRE DATE / START DATE

JOB TITLE

DEPARTMENT

EMPLOYMENT TYPE

FT PT TEMP

PAY FREQUENCY

WEEKLY BI-WEEKLY SEMI-MO

PAY TYPE

HOURLY SALARY

RATE OF PAY (\$)

STANDARD HOURS PER PAY PERIOD

MANAGER / SUPERVISOR

HR / PAYROLL REPRESENTATIVE SIGNATURE

DATE
