NEW HIRE PAYROLL & EMERGENCY CONTACT FORM

Please complete all sections of this form to facilitate payroll setup and emergency contact registration.

1. Personal Details

First Name

Last Name

Date of Birth

Social Security Number / National ID

Employment Start Date

Street Address

City

State / Province

Zip / Postal Code

Phone Number

Email Address

2. Direct Deposit Details

Bank Name

Account Type

◯ Checking ◯ Savings

Routing Number

Account Number

3. Emergency Contact Information

Primary Contact

Full Name

Relationship

Phone Number

Secondary Contact

Full Name

Relationship

Phone Number

4. Authorization & Acknowledgement

I hereby authorize the employer to deposit my net pay into the account designated above. In the event of an error, the employer is authorized to make necessary debit or credit adjustments. The emergency contact information provided may be used in the event of an emergency.

Employee Signature

Date

HR / Payroll Representative Signature

Date