PAYROLL SETUP

Personal Data & Emergency Contact Form

Personal Details

FIRST NAME

MIDDLE NAME

LAST NAME

STREET ADDRESS

CITY

STATE / PROVINCE

POSTAL / ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER / NATIONAL ID

Employment & Payroll Details

EMPLOYEE ID

START DATE

BANK NAME

ACCOUNT TYPE

ROUTING / SORT CODE

ACCOUNT NUMBER

Primary Emergency Contact

FULL NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

EMAIL ADDRESS

I hereby authorize the company to deposit my net pay into the account(s) designated above. I also certify that all information provided on this form is accurate and complete.

EMPLOYEE SIGNATURE

DATE

AUTHORIZED HR/PAYROLL SIGNATURE

DATE