

## Employee Payroll Authorization Form

### 1. EMPLOYEE INFORMATION

Full Name:

Address:

Phone:

Email:

SSN / Tax ID:

Date of Birth:

### 2. EMPLOYMENT & JOB DETAILS

Job Title:

Department:

Hire Date:

Manager/Supervisor:

Employment Status:

- Full-Time
- Part-Time
- Temporary
- Contractor

### 3. COMPENSATION DETAILS

Salary / Rate:

Pay Basis:

- Hourly
- Salary

Pay Frequency:

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

FLSA Status:

- Exempt (Salaried)
- Non-Exempt (Hourly)

### 4. DIRECT DEPOSIT AUTHORIZATION

Please select account type and provide banking details. Attach a voided check if applicable.

Bank Name:

Routing Number:

Account Number:

Account Type:

- Checking
- Savings

### 5. TAX WITHHOLDING INFORMATION

Based on Form W-4 / State withholding certificate.

Federal Filing Status:

- Single / Married Filing Separately
- Married Filing Jointly
- Head of Household

**Multiple Jobs /  
Spouse Works:**

\_\_\_\_\_

**Claim Dependents  
(\$):**

\_\_\_\_\_

**Other Income (\$):**

\_\_\_\_\_

**Extra Deductions  
(\$):**

\_\_\_\_\_

## 6. AUTHORIZATION

I hereby authorize the Employer to deposit my net pay directly into my specified financial institution account(s) and/or make payroll deductions as selected above. I also authorize the adjustments of any errors made to my account. This authorization remains in effect until the Employer receives written notification from me of its termination.

**Employee Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**HR / Payroll  
Representative:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_