

NEW / CHANGE EMPLOYEE STATUS FORM

New Hire

Employee Change

Terminate (Term date): ___/___/___

Basic Information

Emp ID: _____ Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Optional): _____ Gender (Optional): Male Female Birth Date: ___/___/___

Social Security #: _____ Or Temporary Visa # (if applicable): _____

Department and Status Information

Employee Type: W2 1099 Employee Status: Active Terminated New Hire Rehire Hire Dates: ___/___/___

Department _____ Worker Comp Code : _____

Pay Rate Information

Pay Type: Hourly Salary Pay Freq: Weekly Semi-Monthly Monthly Annually

Base Rate: \$ _____ Salary: \$ _____ AutoPay: Hourly Salary Avg. Hours: _____

Tax Information

Federal Tax Info: Filing Status Single Married # Exemptions: 2 Additional Withholding \$ _____

State Tax Info: Filing State: _____ Filing Status: Single Married # Exemptions: _____ Additional Withholding \$ _____

Unemployment State: _____ Work State: _____

Local Taxes: Filing Status: Single Married # Exemptions: _____ Local Authority Name: _____

Direct Deposit Information

(To activate Direct Deposit, please complete attached Direct Deposit Authorization form. SPSI will create a live check if left blank. First check is always live for pre-note purposes.)

Check One: Checking Savings I wish to deposit: Entire Net Pay _____% of Net \$ _____

Recurring Deductions

Deduction Code / Name	Amount Per Pay Period
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorization Signature

Date

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Name

Social Security Number

I hereby authorize my employer, _____, (hereinafter called COMPANY) to authorize and instruct their elected Payroll Service Provider (hereinafter called PROVIDER) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter called DEPOSITORY) indicated on attachment.

Further, I understand that in the event of a failure in this Electronic Funds Transfer (EFT), I agree to accept any amount owed me by COMPANY within twenty four (24) hours after I have notified COMPANY that amount owed was not credited to my account on the scheduled pay date.

Further, I understand that in the event of a failure in this Electronic Funds Transfer, I agree to accept any amounts owed me by COMPANY in check form if necessary.

I further agree to indemnify and hold harmless the COMPANY, PROVIDER, and their agents for any and all Banking Charges owed by me due to failure of this EFT.

In the event the COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Further, I authorize DEPOSITORY to accept any credit or debit entries initiated by COMPANY to my account pursuant to this agreement.

Check one: Checking Savings

I wish to deposit (check one): \$ _____ _____ % of Net Entire Net Pay

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it OR upon termination of my employment with COMPANY.

Employee Signature: _____ Date: _____

YOU MUST ATTACH A VOIDED CHECK OR SPECIFICATION SHEET PROVIDED BY YOUR FINANCIAL INSTITUTION. DEPOSIT SLIPS OR ANY OTHER FORM OF DOCUMENTATION THAT MAY HAVE YOUR ACCOUNT INFORMATION DISPLAYED ON IT ARE NOT ACCEPTABLE!