

# 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: \_\_\_\_\_ Additional Withholding \$ \_\_\_\_\_

**State Tax Info:** Filing Status: \_\_\_\_\_ 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. S P S I 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

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 Employee Name

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 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 or both:

#### Checking

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

#### 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: \_\_\_\_\_

Please attached voided check here-

**A 'Voided Check' or 'Specification Sheet' provided by your financial institution is recommended for setting up each direct deposit account.**

**Deposit slips are not sufficient documentation, as they do not contain the correct routing number.**