

Employee Profile

Employee # _____	Email: _____		
Last Name _____	First Name _____	MI _____	
Address _____			
City, State Zip _____			
Social Security # _____	Birth Date _____	Full-Time _____	Part-time _____
Location _____	Dept _____	WC Code _____	
Pay Rate: _____ Hourly Rate		or _____ Salary per payroll	Hire Date _____
<input type="checkbox"/> Active	or	<input type="checkbox"/> Terminated	If termed, termination date _____
Fed Mar Status _____	# of Allowances _____	Additional \$ _____	Flat % _____
State Mar Status _____	# of Allowances _____	Additional \$ _____	Flat % _____
Status: <input type="checkbox"/> W2	<input type="checkbox"/> EIC	<input type="checkbox"/> 1099	

Employee will be taxed in the state identified in address above unless otherwise specified by client.

Recurring Earnings/Deductions (amount per payroll)

Description	Amount/%		

Direct Deposit Authorization

I hereby authorize and request the company (hereinafter referred to as Employer) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Integrated Employers Solutions, LLC., each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by Integrated Employers Solutions, LLC. by their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Account Type: Checking (Attach voided Check to this Page) Savings (Documentation from your financial institution verifying your ABA Routing and Account number is required)

Deposit: _____ % of net pay each payroll \$ _____ of net pay each payroll

Attach Voided Check to this Page

Employee Signature _____ _____
Print Name _____ _____
Date