



Company Name: _____

Company Location: _____

NEW EMPLOYEE FORM – EMPLOYEE PART

To be completed by the employee:

Name _____

Address _____

Address _____

City, State, Zip Code _____

Social Security # _____

Date of Birth _____

Telephone #: _____

MARITAL STATUS:

_____ SINGLE - # EXEMPTIONS FWT: _____ SWT _____

_____ MARRIED - # EXEMPTIONS FWT: _____ SWT _____

_____ MARRIED BUT AT HIGHER SINGLE RATE -

EXEMPTIONS FWT: _____ SWT _____

Employee Signature:

Date:



Company Name : _____

Company Location: _____

NEW EMPLOYEE FORM – EMPLOYER PART

To be completed by the employer:

EMPLOYEE NAME: _____

EMPLOYEE TYPE:

_____ HOURLY
 _____ NON-EMPLOYEE
 _____ SALARY

PAY FREQUENCY:

_____ WEEKLY
 _____ BI-WEEKLY
 _____ MONTHLY
 _____ QUARTERLY
 _____ SEMI-MONTHLY

HIRE DATE

DEPARTMENT NUMBER: _____ (if applicable)

SALARY: _____ REGULAR HOURLY RATE: _____

SPECIAL RATE: _____

EXEMPTIONS FWT: _____ SWT _____

ADDITIONAL WITHHOLDING FWT \$ _____ SWT \$ _____

OTHER DEDUCTIONS: _____

_____ W-4 Form is completed and a copy is submitted to PayProNE

_____ I-9 Form is completed and a copy is filed in your employee records.

_____ Direct deposit form is completed and a copy is submitted to PayProNE

 Employer Signature:

 Date:



Company Name : _____

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize “employer” to deposit funds from my payroll check into my personal banking account as stated below. The initial deposit will be effective 10-15 days after this form has been received (assuming the routing and account numbers are correct), and thereafter on check date until notified otherwise in writing. NOTE: Attach a voided check (For Checking) or a savings deposit slip (For Savings) for each account(s) you intend to deposit into.

FIRST DIRECT DEPOSIT:

Type of Account: _____ Checking Account _____ Savings Account
Actions Required: _____ Please begin the deposit of \$_____ or _____ Net Pay
_____ Please cease my deposit effective date of _____

BANK NAME _____

BANK ADDRESS _____

ROUTING # _____
(please confirm transit routing # with your Bank, this is a 9 digit #)

ACCOUNT # _____

SECOND DIRECT DEPOSIT (You must be enrolled in direct deposit to use the second direct deposit feature. Second direct deposits must be a specific \$ amount.)

Type of Account: _____ Checking Account _____ Savings Account
Actions Required: _____ Please begin the deposit of \$_____
_____ Please cease my deposit effective date of _____

BANK NAME _____

BANK ADDRESS _____

ROUTING # _____
(please confirm transit routing # with your Bank, this is a 9 digit #)

ACCOUNT # _____

Any additional direct deposit account(s) please submit on a separate piece of paper with the employee’s signature on the additional sheet.

_____ **I acknowledge that direct deposit is available. At this time I elect not to be enrolled.**

Employee Name: _____ Signature: _____