

## EMPLOYEE PAYROLL INFORMATION FORM

Company Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Department: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Local Tax Municipality: \_\_\_\_\_

Marital Status : Single Married # of Exemptions: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rate of Pay: \$\_\_\_\_\_ Salary Hourly

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

### Garnishments and Voluntary Deductions

Health: \_\_\_\_\_ 401K: \_\_\_\_\_ Other: \_\_\_\_\_

Dental: \_\_\_\_\_ Vision: \_\_\_\_\_ Loan: \_\_\_\_\_

### Banking Information

Bank Name 1: \_\_\_\_\_

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Acct. Type: Checking Savings Percentage: \_\_\_\_\_

Bank Name 2: \_\_\_\_\_

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Acct. Type: Checking Savings Percentage: \_\_\_\_\_

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination, in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date