



New Employee Setup Information

Company Name: _____ Submitted by: _____
Date: _____

Personal Info:

Social Security Number: _____ - _____ - _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Gender: _____ Birthday: _____ / _____ / _____

Payroll Info:

Hourly/Salaried: _____ Hourly Rate: \$ _____ OR Salary per pay period: \$ _____

Location: _____ Department: _____

Workers' Comp Code: _____ Vacation or Sick Accruals: _____

Withholdings:

Federal Filing Status (S or M): _____ Exemptions: _____ Additional FWT: _____ \$ or %

State Filing Status (S or M): _____ Exemptions: _____ Additional FWT: _____ \$ or %



Employee Direct Deposit Agreement

Company Name: _____

Employee Name: _____

You may have all or part of your paycheck deposited directly to your bank account. Please select one of the following options to indicate the portion of your total paycheck you want deposited.

100% of Net Pay Indicated Percent: _____ % Indicated Dollar Amount: \$ _____

Please fill in your financial institution's account information in the fields below:

Account type: Savings Account Checking Account

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

I hereby authorize Paper Trails to initiate credit or debit entries to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until Paper Trails has received written notification from me of its termination in such time and in such manner as to afford Paper Trails and the financial institution a reasonable opportunity to act on it. I understand this authorization is for the disbursement of my paycheck only.

Employee Signature: _____ Date: _____

Please Attach a Voided Check