

# New Employee Setup Form

Fax completed form to (407) 374-1662



Employer: \_\_\_\_\_

Client #: \_\_\_\_\_ Location/Group: \_\_\_\_\_

Employee #: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  W-2  1099

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Pay Type:  Salaried  Hourly Hire Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exempt  Non-Exempt

Full-Time  Part-Time Hourly Rate: \_\_\_\_\_ or Annual Salary: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_ WC Code: \_\_\_\_\_

Federal Filing Status:  Married  Single  Head of Household Exemptions: \_\_\_\_\_ Additional (\$): \_\_\_\_\_

State Filing Status:  Married  Single  Head of Household Exemptions: \_\_\_\_\_ Additional (\$): \_\_\_\_\_

Deduction Name	Amount	Start Date	End Date	Goal (\$)

*For additional deductions, attach separate sheet. Forward copies of any Court-Ordered Wage Garnishments*

## DIRECT DEPOSIT AUTHORIZATION

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
Date:

**Attach VOID check here**

for bank account where funds will be deposited

*or*

**to request a Payroll Debit Card, check here**

For multiple accounts, use a separate sheet and indicate the \$ or % to be deposited in each account

I authorize my employer and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts provided. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.