

PAYROLL RESOURCES



Please complete this form for any new employee or employee changes.

Please type or print clearly

CHECK ONE:

☐ **NEW EMPLOYEE**

☐ **EMPLOYEE CHANGE**

Employer Name: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Gender: _____

Phone Number: (_____) _____ Date of Birth: _____

Email Address _____

Position: _____ Rate of Pay: _____

Date of Hire/Rehire/Term: _____ Department: _____

Direct Deposit: Y or N

Workman's Comp Code _____

Name of Authorizing Individual

Date

Company Name

Phone Number

All information is confidential and further disclosure of any part or parts contained herein is prohibited.



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Date: _____ Company Name: _____

Employee Name: _____

Employee Social Security Number _____

To be completed by Employee: I hereby authorize Payroll Resources LLC to initiate credits to my bank account indicated below and the bank named below to credit the amounts of such entries to said account. It is further agreed that Payroll Resources LLC is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit should such a stop payment or correction become necessary.

Authorization Type: New _____ Change _____ Cancel _____

Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Type Account: Checking _____ Savings _____ Amount _____ or Percentage _____

Authorizing Individual: _____

Signature: _____

PLEASE ATTACH A VOIDED CHECK

****Do not send a deposit slip as those have internal bank routing numbers****

Automatic deposits will begin ten days after receipt of authorization and will continue until the Payroll Resources LLC has received written notice from the employee of its termination. Written notice of termination should be provided at least thirty (30) days prior to termination.