

New Hire Information

Company Name:				Company Number:		
			Demographic	S		
Full Name:					Date:	
Address:	Last	Fil	rst	M.I.		
riadi occi.	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:			Email:			
Hire Date:		Social Security N Hourly Sa		Date of	Birth:	
Pay Rate:						
			Direct Deposi	it		
Bank Name:						
Routing #			Account #			
Account Typ	e (check one):	Savings Checking	ercentage or Dollar	Amount to this Acct	% or	
Bank Name:						
Routing #			Account #			
Account Typ	e (check one):	Savings Checking	ercentage or Dollar	Amount to this Acct	% or	
Please	include a copy	Of a Voided Check ar	JOID	20	I Check example below *	
		Disc	laimer and Sig	nature		
I authorize m and if necess verify direct of responsible to payroll funds the return to	ny employer, our sary, debit entrie deposits before voor bank errors No available. In suc	s and adjustments from writing checks against pa ISF fees or other fees ty ch an event, I waive any f any payroll funds not fu	its agents, including all accounts, check ayroll funds. I will n pes. I authorize the rights regarding de	g any Financial Institution king or savings listed about ot hold my employer, Ti the reversal of funds if my pubit entries to my accou	on, to initiate electronic credits, sove. It is my responsibility to the electronic endits in the electronic credits are also and personally guarantee will remain in effect until I have	
Signature:				D	ate:	

To Employers: Please email or fax this form with a voided check or Direct Deposit Bank form to your CSR at Time & Pay for processing at 423-854-9142. Time & Pay will confirm and only accept this form from authorized representatives of the employer. Please make sure a voided check and not deposit slip is attached. Any deviation from the required information will result in a delay of direct deposit processing. The signed original form is to be retained by the employer.