

# APLUS

## Payroll

### New Employee Payroll Information or Employee Changes

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

Social Security#: \_\_\_\_\_ Employee #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_

Male      Female

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

Division: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Department: \_\_\_\_\_  
Team: \_\_\_\_\_

Pay Frequency:      Weekly  
                                    Bi-Weekly  
                                    Semi-monthly  
                                    Monthly

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

Worker's Comp Code: \_\_\_\_\_

Marital Status: Federal \_\_\_\_\_      State: \_\_\_\_\_

Dependents: Federal \_\_\_\_\_      State: \_\_\_\_\_

Additional  
Withholding: Federal: \_\_\_\_\_      State: \_\_\_\_\_

Other Deductions and Pay Items: \_\_\_\_\_

401 (k) \_\_\_\_\_ %      \_\_\_\_\_

Simple IRA \_\_\_\_\_ %      \_\_\_\_\_

## Employee Direct Deposit Enrollment Form

**General Instructions:** (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

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

Client # \_\_\_\_\_

**Important!** Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Account Information.** (Last item must equal remaining balance. For more accounts, attach additional sheets).

<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Please deposit: \$ _____ or _____%    or <input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Please deposit: \$ _____ or _____%    or <input type="checkbox"/> Remaining Net Pay

John & Jane Doe  
123 Your Street  
Anywhere, USA 12345

Date \_\_\_\_\_ 2001

Pay To The Order Of \_\_\_\_\_ \$ \_\_\_\_\_

ATTACH VOIDED CHECK

DOLLARS

YOUR BANK  
123 Your Bank's Street  
Anywhere, USA 12345

Memo \_\_\_\_\_

012347678   
 123456789   
 2001

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

Check Number (is not needed to complete this form)