

EVOLUTION[®]

PAYROLL SERVICES

EMPLOYEE INFORMATION FORM

CLIENT NAME: _____ DATE: _____

NEW EMPLOYEE

CHANGE OF INFORMATION ON CURRENT EMPLOYEE

SOCIAL SECURITY NUMBER: _____

EMPLOYEE NAME (Last, First Middle): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME MUNICIPALITY (Township): _____

DEPARTMENT (If applicable): _____

SALARY PER PAY PERIOD: _____ HOURLY RATE: _____

WITHHOLDING STATUS: (PLEASE attach a W-4 form)

DIRECT DEPOSIT

ACCOUNT TYPE: CHECKING SAVINGS

BANK TRANSIT/ROUTING (ABA) #: _____

ACCOUNT NUMBER: _____

EMAIL ADDRESS: _____

I, _____ hereby authorize, _____ hereinafter ,called "company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above and the depository named below, hereinafter called depository, to credit and/or debit the same to such account. This Authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it. I also acknowledge that direct deposit is not guaranteed and may take no less than 10 business days from my next check date to begin due to the ACH pre-note test file required.

Signed (Employee) _____ Date _____

1314 West Chester Pike, West Chester PA 19382

P: 610-429-4296 F: 610-429-3080

www.evolutionpayrollservices.com

support@evolutionpayrollservices.com