



# Employee Profile

Client Name: \_\_\_\_\_

Employee# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ h \_\_\_\_\_ e/m \_\_\_\_\_

Employee will be taxed in state listed in address above unless otherwise specified by employee.

Social Security # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ (needed in most state for New Hire Reporting,  
but NOT needed in California – ask your Employer)

Location \_\_\_\_\_ Dept \_\_\_\_\_ WC Code \_\_\_\_\_

Pay Hourly Rate \$ \_\_\_\_\_ or Salary per Payroll \$ \_\_\_\_\_  
Overtime Rate \$ \_\_\_\_\_ (required) Other Rate \$ \_\_\_\_\_ for \_\_\_\_\_

- Direct Deposit    
  Printed Checks    
  Agency Deductions  
 Active, hire date \_\_\_/\_\_\_/\_\_\_ and/ or    
  Terminated and date \_\_\_/\_\_\_/\_\_\_ terminated

Fed Marital Status \_\_\_\_\_ # of Allowances \_\_\_\_\_ Additional W/H \$ \_\_\_\_\_ Flat % \_\_\_\_\_ %

St Marital Status \_\_\_\_\_ # of Allowances \_\_\_\_\_ Additional W/H \$ \_\_\_\_\_ Flat % \_\_\_\_\_ %

Status      W2      1099      EIC

PTO Accrual: \_\_\_\_\_ hrs per \_\_\_\_\_ wk/payroll. Balance \_\_\_\_\_ as of \_\_\_\_\_.

Other \_\_\_\_\_

## Elective Deductions (amount per Payroll)

Code	Deduction Name	Pretax Deduction?	\$ Amount or Percentage
		Y / N	
		Y / N	
		Y / N	



# Employee Direct Deposit Authorization Form

**General Instructions:** (1) Fill out this form **COMPLETELY**, (2) **ATTACH A COPY OF A VOIDED CHECK or bank letter verifying account information** 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 on an official bank form (*it usually is not the number on a deposit slip*). See example at bottom.

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

Payroll Bureau: Pink Payroll

*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 <input type="checkbox"/> HSA    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 <input type="checkbox"/> HSA    Please deposit: \$ _____ . _____      or _____%      or <input type="checkbox"/> Remaining Net Pay

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

I hereby authorize and request the Company/Pink Payroll (hereinafter referred to as Employer/ Pink Payroll) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Employer/ Pink Payroll to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer/ Pink Payroll for amounts owed to it because of prior erroneous credit(s) initiated to my account. It is understood that this agreement may be terminated by me at any time by written notification to my Employer/ Pink Payroll. Any such notification to my Employer/ Pink Payroll shall be effective only with respect to entries initiated by my Employer/Pink Payroll after receipt of such notification and a reasonable opportunity to act on it. I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Pink Payroll, Pink Concepts Inc and its subsidiaries, Cachet, each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer/ Pink Payroll their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

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

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

**AFFIX CHECK HERE, DO NOT STAPLE**

**YOU MAY TAPE TO A SECOND BLANK PAGE INSTEAD**