

NEW EMPLOYEE PROFILE

The information collected in this form is treated as highly confidential.

ALL APPLICABLE ITEMS IN THIS SECTION TO BE FILLED OUT BY THE EMPLOYEE

NAME: _____
(FIRST) (MIDDLE) (LAST) (SUFFIX)

ADDRESS: _____
(STREET) (APT NO.) (CITY) (STATE) (ZIP CODE)

PHONE: (____) _____ EMAIL: _____

SSN: _____ - _____ - _____ **DATE OF BIRTH:** ____/____/____

MARITAL STATUS: () Married () Single **NUMBER OF EXEMPTIONS FROM W-4:** _____

GENDER: () MALE () FEMALE

THIS SECTION TO BE FILLED OUT BY THE EMPLOYER

COMPANY NAME: _____

EMPLOYEE IDENTIFICATION # _____

DEPARTMENT: _____ **HIRE DATE:** ____/____/____

POSITION: _____ **TITLE:** _____

ANNUAL SALARY OR HOURLY RATE: \$ _____ () PER YEAR () PER HOUR

WORKER'S COMPENSATION CLASSIFICATION: _____

UNION: _____ **UNION DATE:** ____/____/____

IS EMPLOYEE PARTICIPATING IN THE COMPANY 401k PLAN? () YES () NO

IF YES, INDICATE THE DATE OF ELIGIBILITY: ____/____/____

IS EMPLOYEE ELIGIBLE FOR HEALTH INSURANCE? () YES () NO

IF YES, INDICATE THE DATE OF ELIGIBILITY: ____/____/____

LIST ANY DEDUCTIONS THAT APPLY TO THIS EMPLOYEE BELOW:

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

TIME CARD NUMBER: _____

PLEASE ATTACH A W-4 FORM AND A DIRECT DEPOSIT FORM (OPTIONAL).

EMAIL OR FAX TO (949) 770-1579

Payroll Service *Plus*

Direct Deposit

Employee Authorization and Agreement

Company Name

Employee Name

Employee Number

I authorize my employer as noted above, Payroll Service Plus, Cachet Banq and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Bank/Credit Union Name	Type Circle One	Amount In % or Dollars	Routing Number	Account Number
	CKG SVG			
	CKG SVG			

Fax to (949) 770-1579

Please attach a voided check here

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization is normally effective on the next payroll but may take up to two (2) pay periods to activate. I understand that neither my employer, Payroll Service *Plus*, or Cachet Banq is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with Payroll Service *Plus*' Direct Deposit Agreement, Cachet Banq's Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature

Date

