

SourceOne Payroll Services: Employee Profile

New Employee **Employee Change** **Sub-Contractor**

Company Name:			
Employee Name (Last, First, Middle):			
SSN:	Date of Birth:	Hire Date:	
Department:	Location:	Division:	
Employee Address:	City:	State:	Zip Code:

Federal Withholding <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household Allowances Claimed: Alternative Tax %: Additional Amount:	State Withholding <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household Allowances Claimed: Alternative Tax %: Additional Amount:	Pay Type: <input type="checkbox"/> Hourly, Rate: \$ _____ <input type="checkbox"/> Salary, Rate: \$ _____ <input type="checkbox"/> Other: _____	Pay Notes: Full Time Employee: <input type="checkbox"/> (over 30 in a week) Part Time Employee: <input type="checkbox"/>
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Deduction Name	Pretax	Amount/Percentage Per Payroll	Notes
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Employer Signature for New/Change Employee Title Date

Direct Deposit: A voided check/bank letter must be faxed or emailed. NO deposit slips or starter checks.

Bank Name:	<input type="checkbox"/> Checking	Account #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net
	<input type="checkbox"/> Savings	Routing #:	
Bank Name:	<input type="checkbox"/> Checking	Account #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net
	<input type="checkbox"/> Savings	Routing #:	

I hereby authorize my employer above, either directly or through its payroll service provider, to deposit any amounts owed to me, by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner, as to afford Employer and Bank reasonable opportunity to act on it.

Employee Signature for Direct Deposit Date Employee Contact Phone

FAX to: 213-559-0560 Email to: sourceone@sourceonepayroll.com Questions: 661-949-1124