

# SourceOne Payroll Services: Employee Profile

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

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

Pay Type: <input type="checkbox"/> Hourly, Rate: \$ _____ <input type="checkbox"/> Salary, Rate: \$ _____ <input type="checkbox"/> Other: _____	Full Time Employee: <input type="checkbox"/> (over 30 in a week)  Part Time Employee: <input type="checkbox"/>  WC Code: _____	<b>Pay Notes:</b>   
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Deduction Name	Pretax	Amount/Percentage Per Payroll	Notes
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

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.

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**Employee Signature for Direct Deposit**      **Date**      **Employee Contact Phone**

**FAX to: 213-559-0560      Email to: [sourceone@sourceonepayroll.com](mailto:sourceone@sourceonepayroll.com)      Questions: 661-949-1124**