



Employee Add/Delete/Rehire/Change Form

Phone: 888.972.9762 * Fax: 888.583.3110

Fax completed form or call if you need assistance.

Company/Client Name: _____

Location/Dept: _____

Change Form (choose one): Add: Delete: Rehire: Change:

Effective Date: _____ Hire Date: _____

EMPLOYEE INFORMATION:

Name: _____
 First Middle Last

Address: _____

 City State Zip

SSN: _____ Birth Date: _____

Phone: _____ E-mail: _____ (Optional)

WC Class Code/Job Desc: _____

PAYROLL & TAX INFORMATION:

Pay Freq: (choose one): Weekly: Bi-Weekly: Semi-Monthly: Monthly:

Pay Rate: \$ _____ Status (choose): Hourly: Salary: | Full Time: Part Time:

Federal: Exempt: Single: Married: w/ _____ dependents

State: Exempt: Head of House: Single: Married Spouse Works: Yes: No: w/ _____ dependents

Additional Withholding: \$ _____ /period | State Employee Works in: _____

City: Live Inside City Limits: Yes: No: Work Inside City Limits: Yes: No:

BENEFITS/DEDUCTION INFORMATION:

Deduction: _____ Amount:\$ _____ Frequency: _____ Begin Date: _____

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**Direct Deposit
Employee Authorization and Agreement**

Company Name

Employee Name

I authorize my employer as noted above, PaySmart, LLC, 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 Routing Number Account Number CKG SVG

| Bank/ Credit Union Name | Type Circle One | Routing Number | Account Number |
|----------------------------|--------------------|-------------------|-------------------|
| | CKG or SVG | | |

FAX to 888.583.3110

Or

E-MAIL to info@paysmartpayroll.com

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, PaySmart, LLC, or PaySmart's designated banking institution(s) are responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with PaySmart's Direct Deposit Agreement and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature

Date