

## Employee Set Up/Change Form

<b>Employer Name:</b>	
<b>Employee Name</b>	
<b>Social Security #</b>	
<b>Address (Street, City, State, Zip)</b>	
<b>Hire Date</b>	
<b>Birth Date</b>	
<b>FT/PT (required if using ACA on Demand)</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>Location/Department</b>	
<b>Pay Type</b>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Exempt <input type="checkbox"/> Salary NonExempt <input type="checkbox"/> 1099 Contractor
<b>Pay Rate</b>	
<b>W4 Marital Status, # Exemptions</b>	
<b>State Marital Status, # Dependents</b>	
<b>Card/Code # (Time Clock/Web Clock Users)</b>	
<b>Email address (ESS Clients only)</b>	
<b>Other Pay Information (deductions, etc.)</b>	

**Direct Deposit Authorization (Must attach copy of voided check with this form or account verification from Bank)**

I hereby authorize and request that the company (hereinafter referred to as Employer) named above, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections to the account indicated below and the Bank named below to credit or debit the same to such account.

**Bank Name:**

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**Bank Routing Number:**

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**Account Number:**

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**Type of Account:**

Checking

Savings

**Attach Voided Check Here:**