PAYTRAK
PAYROLL SERVICES

EMPLOYEE ADD/CHANGE FORM

CLIENT:
CLIENT I D:

TYPE: ADD ☐
CHANGE ☐

EMPLOYEE GENERAL INFORMATION

Employee ☐ Ind. Contractor ☐
Employee Code:

Last Name:

First Name: M.I.:

Street:

City:

State: County:

Zip Code:

Tele.: ( )

Sex: **M** **F** Birth Date:

S.S.N.: - - Hire Date:

FILING STATUS:

Federal: Marital Status: Exemptions:

State: Marital Status: Exemptions:

RECURRING WAGE INFORMATION

Type: Start. Date:
End. Date:
Rate: **$** **per**

Type: Start. Date:
End. Date:
Rate: **$** **per**

Type: Start. Date:
End. Date:
Rate: **$** **per**

DIRECT DEPOSIT INFORMATION

Direct Deposit: Yes ☐ No ☐

PRIMARY ACCOUNT:
Bank Routing Number:
Acct. #: CK ☐ SV ☐

SECOND ACCOUNT:
Bank Routing Number:
Acct. #: CK ☐ SV ☐
Second Deposit Amount: **$**

THIRD ACCOUNT:
Bank Routing Number:
Acct. #: CK ☐ SV ☐
Third Deposit Amount: **$**

RECURRING DEDUCTION INFORMATION

Type: Start. Date:
End. Date:
Rate Type: **$** ☐ **%** ☐
Rate: **per/of**

Type: Start. Date:
End. Date:
Rate Type: **$** ☐ **%** ☐
Rate: **per/of**

Type: Start. Date:
End. Date:
Rate Type: **$** ☐ **%** ☐
Rate: **per/of**

OTHER INFORMATION/ NOTES

Work Site: Dept.:

FORM: PT 1020

Authorized Signature Date