

# myPay Solutions Employee Information Form



Employer Name: \_\_\_\_\_

## Employee Information

Employee ID: \_\_\_\_\_  Social Security Number: \_\_\_\_\_ 1099 Employee?  Yes  No  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Company Officer?  Yes  No  
 Street Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ (If P.O. Box please also provide a physical address)  
 County: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 Employee email: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Location Name: \_\_\_\_\_

## Tax Withholding Information

	Federal	State	2nd State	City	City #2
Name	US				
Marital Status					
# of Exemptions					
Additional \$ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt:  Yes  No  
 If Yes select all that apply:  FED  FICA  STATE  FUTA  SUTA

## Voluntary Deductions

Description	\$ or % per paycheck	Company Match Method	Company Match \$ or %

## Direct Deposit Information

Bank Name: \_\_\_\_\_  
 Type of Account:  Checking  Savings  
 Bank Routing Code: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
*\*\*Please provide a blank voided check for Direct Deposit*  
 Primary Account:  Yes  No  
 Dollar Amount: \_\_\_\_\_  
*Leave blank for your primary account.*

I hereby authorize my employer or the assigned delegate (Thomson Reuters) to initiate credit entries into my personal account(s) at the above listed bank(s) for my net pay pay period. I further authorize my employer to debit my personal account(s) for any account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me, my employer or the delegate (Thomson Reuters).

## Pay card Information (Employee Information must be complete)

Mark only if you would like your net payroll made available to you on a pay card.  
 (This is subject to employer participation.) \*\*If pay card is marked, do not complete bank information above, just sign & date below.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax completed forms to (800) 772-0920 or email [support@mypaysolutions.com](mailto:support@mypaysolutions.com)

Internal Use Firm ID: \_\_\_\_\_ Client ID: \_\_\_\_\_