



Employee Profile

Client Name _____ **Employee #** _____
Last Name _____ **First Name** _____ **MI** _____
Address _____
City, State Zip _____
Social Security # _____ **Birth Date** _____
Location _____ **Dept** _____ **WC Code** _____
Pay Rate: Hourly Rate or Salary per payroll Hire Date _____
Active or Terminated If termed, termination date _____
Fed Mar Status # of Allowances Additional \$ Flat % _____
State Mar Status # of Allowances Additional \$ Flat % _____
Status: W2 EIC 1099

Employee will be taxed in the state identified in address above unless otherwise specified by client.

Recurring Earnings/Deductions (amount per payroll)

Description	Amount/%		
Description	Amount/%		
Description	Amount/%		
Description	Amount/%		
Description	Amount/%		

Direct Deposit Authorization

I hereby authorize and request the company (hereinafter referred to as Employer) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account. It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it. I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, E-chx, Inc., each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer or E-chx, Inc. their employees, including without limitation, any claim based on alleged loss as a result of any noncredit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Account Type: Checking (Attach voided Check to this Page) Savings (Documentation from your financial institution verifying your ABA Routing and Account number is required)
Deposit: % of net pay each payroll \$ _____ of net pay each payroll

Attach Voided Check to this Page

Employee Signature _____ **Print Name** _____ **Date** _____