

New Employee Form

Employee Information

Employer Name _____

Employee Name _____ Social Security Number _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Date of Hire _____

Wage and Withholding Information

Hourly Rate _____ Federal W-4 Attached

Annual Salary _____ Louisiana L-4 Attached

Direct Deposit Information

Bank Name _____ Checking or Savings _____

Routing Name _____ Copy of Voided Check Attached

Account Number _____ Dollar Amount or % _____

If direct deposit is to be split, additional bank account information

Bank Name _____ Checking or Savings _____

Routing Name _____ Copy of Voided Check Attached

Account Number _____ Dollar Amount or % _____

Bank Name _____ Checking or Savings _____

Routing Name _____ Copy of Voided Check Attached

Account Number _____ Dollar Amount or % _____

I hereby authorize my employer $\{S\} \text{ \textcircled{a} } \{S\}$ to initiate credit entries into my personal account(s) at the above listed bank(s) for net pay each pay period. I further authorize my employer to debit my personal account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me or by $S\} \text{ \textcircled{a} } \{S\}$.

Employee Signature _____



KnightMasden

A Professional Accounting Corporation