**Employee Enrollment Form**

**Date: Company Name:**

**Please Check One: New Employee: Information Change:**

**EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee Address:** |  |
| **City, State, Zip:** |  |
| **Social Security Number:** |  |
| **Date of Birth:** |  **Gender:** |
| **Personal Email Address** **(for online access):** |  |
| **Marital Status:** |  |
| **Number of Allowances:** |  |
| **Choose - Hourly or Salary?** |  **Amount:** |
| **Select Employment Type:** | **Fulltime\_\_\_\_\_ Part time \_\_\_\_\_\_ or Temporary \_\_\_\_\_\_** |
| **Date of Hire:** |  |
| **Owner/Officer: (Y or N)** |  |

**If enrolling in Direct Deposit please attach a voided blank check below or attach a bank letter to this form:**

**VOID**

**Attach Voided Blank Check Here**