

Employee Master File Maintenance

Company Name:	Date:			
Employee ID:	New Change Re-Hire			
Employee Name:				
Email Address:				
Social Security #:	Birth Date: Hire Date:			
Address:				
City:	State: Zip:			
Phone:	WCMP Manual #:			
Location:	Department:			
Pay Rate:	Hourly: Salary: Pay Frequency:			
Direct Deposit:	Yes: No: If Yes complete Direct Deposit form.			
	Withholding Information			
** See the W-4 form fo				
** See the W-4 form for more details and explaniation. Filing Status Single Married filing jointly Head of Household				
If Married and filing jointly and your spouse also works or you work multiple jobs check this box and fill in				
additional income below. ** If you expect to claim other deductions besides the standard decuction to reduce withholding check this				
box and fill in the Additional Deduction amount below. ** Federal Do Not Withhold: State Do Not Withhold:				
# dependents unde	er 17: # of Exemptions			
# Other Depend	lents: # of Dependents			
Other Inc	ome: Alternative %			
Additional Deduct	tions: Additional Amt:			
Alternat	ive % Withhold Additional Only:			
Additional Withhol	lding:			
Withhold Additional	Only:			
Deductions				
Deductions Description: \$ Amount or % Balance / Max				
-				



Employee Direct Deposit Authorization Form

Com	pany Name:	Date:	
	Bank Name	Savings	
)ne	Bank Address	Checking	
nt (Bank City, State, Zip		
Account One	Routing Transit #	Amount for this Account Remaining	
AG	Account #	Remaining	
	Bank Name	Savings	
wo	Bank Address	Checking	
nt T	Bank City, State, Zip	Amount can be \$ or 0	%
Account Two	Routing Transit #	Amount for this Account	
<.	Account #		
ė	Bank Name	Savings	
lhre	Bank Address	Checking	
int	Bank City, State, Zip	Amount can be \$ or 6	%
Account Three	Routing Transit #	Amount for this Account	
Ą	Account #		
_	Bank Name	Savings	
Fou	Bank Address	Checking	
nnt]	Bank City, State, Zip	Amount can be \$ or 6	%
Account Four	Routing Transit #	Amount for this Account	
	Account #		
d)	Bank Name	Savings	
Fiv	Bank Address	Checking	
unt	Bank City, State, Zip	Amount can be \$ or 6	%
Account Five	Routing Transit #	Amount for this Account	
< <	Account #		
	L		
authorize m accessary, de antil I have in	bit entries and adjustments for any credi	, and its agents, including Financial Institutions, to initiate electronic of tentries in error to my checking and/or savings accounts listed above. This authorization wish to cancel it, and my employer has had a reasonable time to effect such cancellation.	eredit entries, and i
Employee Sig	znature	Employee Name Print	Date