



## Employee Profile

<b>Company Name:</b>			<b>Employee ID</b> <i>(if applicable):</i>		
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Hire Date:</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Social Security #:</b>	<b>Birth Date:</b>	
<b>Street Address:</b>			<b>City, State, Zip:</b>		
<b>Male</b>	<b>Female</b>	<b>Department</b> <i>(if applicable):</i>		<b>Work Comp Code:</b>	
<b>Hourly</b>	<b>Salary</b>	<b>Pay Rate:</b>	<b>Email:</b>	<b>Online Pay Stubs</b>	<b>Yes</b> <b>No</b>
<b>Employee Other Deductions</b> <i>(health insurance, 401k, child support, etc...if applicable):</i>					
Deduction #1 Description:			Deduct \$	Deduct %	Pre-Tax   Post-Tax
Deduction #2 Description:			Deduct \$	Deduct %	Pre-Tax   Post-Tax
Deduction #3 Description:			Deduct \$	Deduct %	Pre-Tax   Post-Tax
<b>Employee Direct Deposit Authorization</b> <i>(attach copy of voided check)</i>					
<p>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, Absolute Pay Trust, 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 Absolute Pay Trust, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit 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.</p>					
<b>Bank Account Verification</b>					
Bank #1 Name:		Routing #:		Account #:	
Account Type:	Checking	Savings	Pay Card	Deposit %	or Deposit \$
Bank #2 Name:		Routing #:		Account #:	
Account Type:	Checking	Savings	Pay Card	Deposit %	or Deposit \$

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Employee Signature:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date