

EMPLOYEE MASTER FORM

Minute Men HR

COMPANY INFORMATION

Today's Date:		Name:	Customer No.
Change Dt:	Add Dt:		

EMPLOYEE INFORMATION

Hire Date:	Last Name:	Social Security:
Term Date:	First Name: Middle Initial:	Empl No:
Birth Date:	Address:	Hourly Rate: \$
Location:	City:	Salary Amount: \$
Branch (if any):	State: Zip:	Gender: Male Female
Department (if any):	Position: Phone Number:	Time Clock Badge No:

TAX STATUS & E/D's

		Deduction Name	Frequency	Amount	Balance
Federal Marital Status Married Single					
Fed Exempts	Fed Addl Amt				
State Marital Status Married Single					
State Exempts	St Addl Amt				
Worksite City					
School District / Code					
Residential Withholding City					

SUPERVISOR NAME

SUPERVISOR SIGNATURE

DATE

--	--	--

DIRECT DEPOSIT FORM

Minute Men HR

Employee Instructions:

- 1.) Complete form with a copy of a voided check(s) attached. Use a separate page for additional accounts or to affix additional voided checks.
- 2.) Return completed form to your company's payroll manager.

Employer Instructions:

- 1.) Verify form is completed, signed, and includes your company name and customer number.
- 2.) Return completed form to your Minute Men HR payroll representative or fax to (216) 426-2244.

General Information

Employer Name / Customer Number:
Employee Name:
Social Security, DOB, or Employee Number:

Checking Account Information

Name of Bank	Account # 1	Account #2
Account #		
Routing / ABA #		
Amount \$ or Percentage %		

Savings Account Information

Name of Bank	Account # 1	Account #2
Account #		
Routing / ABA #		
Amount \$ or Percentage %		

I, _____, hereby give my employer named above and Minute Men HR permission to initiate credit entries and debit entries and/or adjustments (if necessary) for any credit entries in error to my account(s) listed above.

Employee Signature:

Date:

attach VOIDED CHECK here
(a deposit slip will not provide accurate information)