

myPay Solutions Employee Information Form



Employer Name: _____

Employee Information

Employee ID: _____ ☐ Social Security Number: _____ 1099 Employee? ☐ Yes ☐ No
 Employee Name: _____ Date of Birth: _____ Company Officer? ☐ Yes ☐ No
 Street Address: _____ Apt. No.: _____ Date of Hire: _____ New Employee? ☐ Yes ☐ No
 City/State/Zip: _____
 County: _____ Hourly Rate: _____ Department Name: _____
 Employee email: _____ Annual Salary: _____ Location Name: _____

Tax Withholding Information

	Federal	State	2nd State	City	City #2
Name	US				
Marital Status					
# of Exemptions					
Additional \$ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt: ☐ Yes ☐ No

If Yes select all that apply: ☐ FED ☐ FICA ☐ STATE ☐ FUTA ☐ SUTA

Voluntary Deductions

Description	\$ or % per paycheck	Company Match Method	Company Match \$ or %

Direct Deposit Information

Bank Name: _____
 Type of Account: ☐ Checking ☐ Savings
 Bank Routing Code: _____
 Account Number: _____
 Retype Account Number: _____
 Primary Account: ☐ Yes ☐ No
 Dollar Amount: _____
Leave blank for your primary account.

I hereby authorize my employer, Thomson Reuters or its subsidiaries to initiate credit entries into my personal account(s) at the above listed bank(s) for my 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 Thomson Reuters.

Paycard Information ☐ Rapid Pay ☐ Global Cash Card

Mark only if you would like your net payroll made available to you on a paycard.
 (This is subject to employer participation.) **If paycard is marked, do not complete bank information above, just sign & date below.

Employee Signature _____

Date _____

Please fax completed forms to (800) 431-2057 or email support@mypaysolutions.com

Internal Use Firm ID: _____ Client ID: _____