

Millennium Payroll Solutions

310 Natural Resources Drive, Little Rock, AR 72205 • 501.312.9491 • FAX 501.312.9493

EMPLOYEE INFORMATION FORM

Company: _____

Employee Location &/or Department: _____

Employee Last Name _____ **First** _____ **Initial** _____

Address _____

City _____ **State** _____ **Zip** _____

Birth ____/____/____

SSN ____-____-____

Status: Fulltime Part-Time Salary 1099 (contractor)

Hire Date ____/____/____ Male Female

Pay Rate: _____ Hourly Salary

Direct Deposit requested? If so, be sure to complete an "Employee Direct Deposit Authorization Agreement" and forward to Millennium Payroll Solutions for processing. Once received by Millennium Payroll Solutions, please allow 1 to 2 pay periods for completion of installation.

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DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer, _____ (hereinafter COMPANY) through it's authorized agents (MILLENNIUM PAYROLL SOLUTIONS) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit and may do so without my notice or additional consent.

Employee Name (please print) _____ Social Security # - _____ - _____

BEGIN DEPOSIT

CHANGE INFORMATION

STOP DIRECT DEPOSIT

Please list the banks by name in order of deduction priority. If more than 2 different direct deposits are required, please fill out additional agreements.

Primary Account

Amount to Deposit: Full amount or \$ _____ or % _____ of pay check.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Secondary Account

Amount to Deposit: Full amount or \$ _____ or % _____ of pay check.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

**PLEASE ATTACH A COPY OF A VOID CHECK,
FOR ALL DIRECT DEPOSITS REQUESTED ABOVE.**

FOR SAVINGS ACCOUNTS: PLEASE CONTACT YOUR BANK. THE NUMBER ON YOUR SAVINGS DEPOSIT SLIP IS NOT A VALID ROUTING NUMBER.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature

Date