Employee Enrollment Form

Company Name: _____ **BCL:** _____

Employee Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Email: _____

Employee Type: ☐ Full Time ☐ Temporary ☐ 1099 ☐ Part Time

Employee Status: ☐ Active ☐ Terminated ☐ New Hire ☐ Inactive

Pay Type: ☐ Check ☐ Direct Deposit

Direct Deposit Information(If Applicable):

	$ or %*	Routing Number (9 digits)	Account Number	Bank Name
☐ Checking ☐ Savings				
☐ Checking ☐ Savings				
☐ Checking ☐ Savings				

**With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

Pay Information:

☐ Salary $_____ Per Pay Period ☐ Hourly Regular Rate: $_____ Per Pay Period

Overtime Rate: $_____ Per Pay Period

Other Rate: $_____ Per Pay Period

Federal Tax Information:

Filing Status: ☐ Married ☐ Single Allowances: _____ Extra Withholding: $_____

State Tax Information: Income Tax Filing State: _____ Unemployment Filing State: _____

Filing Status: ☐ Married ☐ Single Allowances: _____ Extra Withholding: $_____

☐ Head of House ☐ Other

Deductions (If Applicable): *Medical, Dental, Simple IRA, 401K, ect.*

Name: _____ $_____ Per Pay Period

Name: _____ $_____ Per Pay Period

Name: _____ $_____ Per Pay Period

Earnings (If Applicable): *Auto Allowance, Fringe Benefit, ect.*

Name: _____ $_____ Per Pay Period

Name: _____ $_____ Per Pay Period

Name: _____ $_____ Per Pay Period