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**Employee Information Form**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Date of Hire: \_\_/\_\_/\_\_

Date of Birth: \_\_/\_\_/\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Gender: Male or Female

Pay Rate: Hourly or Salary

Amount: \$ \_\_\_\_\_

Pay Frequency: Weekly Biweekly Semi-Monthly Monthly Quarterly

Deduction Name: \_\_\_\_\_

Amount Per Pay Period: \$ \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type: Checking or Savings

Direct Deposit Distribution: Full Amount Partial Amount Partial %