



4240 S. Tamiami Tr.  
Venice, FL 34293

p: 941.497.7737  
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e: payroll@pinkertonpi.com

## Employee New Hire Input Sheet

CLIENT NAME

### EMPLOYEE PERSONAL INFO

EMPLOYEE FULL LEGAL NAME

EMPLOYEE HOME ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

TAX STATUS:

MARRIED

SINGLE

MARRIED AT HIGHER SINGLE RATE

NUMBER OF EXEMPTIONS:

ADDITIONAL TAX PERCENTAGE:

OR ADDITIONAL TAX DOLLAR

### TO BE COMPLETED BY EMPLOYER

EMPLOYEE #

DEPARTMENT:

START DATE:

JOB TITLE:

WC CODE:

RATE OF PAY:

HOURLY

SALARIED

COMMISSION

AUTHORIZED CLIENT SIGNATURE:

DATE:



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## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY NAME:  SOCIAL SECURITY #:

EMPLOYEE NAME:  EMAIL:

Please provide the following information:

Account #1

Account #2

Bank Name

Address

City

Routing #

Account #

Account Type                      Checking  Savings                       Checking  Savings

Name on Account

Dollar \$ Amount or % to Deposit

I hereby authorize Pinkerton Payroll & Insurance, LLC and its agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking account and/or savings account(s) listed above. This authorization will remain in effect until I have canceled it in writing.

NEW DIRECT DEPOSIT REQUESTS WILL NOT BE PROCESSED UNTIL ONE PAYROLL PERIOD AFTER THIS FORM IS SUBMITTED TO PINKERTON PAYROLL & INSURANCE. THERE WILL BE A ONE PAYROLL DELAY UNTIL PAYCHECKS ARE DIRECT DEPOSITED.

Signature:  Date:

Attach Voided Check Copy Here