

# PrimeX HR Payroll: Employee Profile




**New Employee**

**Employee Change**

Company Name:			
Employee Name (Last, First, Middle)			
SSN:	Date of Birth:	Hire Date:	
Division:	Location:	Dept:	
Address:	City:	State:	Zip:

<b>Federal Withholding</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household	<b>State Withholding</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household	<b>Pay Type:</b> <input type="checkbox"/> Hourly, Rate: \$ _____ <input type="checkbox"/> Salary, Rate: \$ _____ <input type="checkbox"/> Other: _____	<b>Pay Notes</b>
<b>Allowances Claimed:</b> Alternative Tax %: _____ Additional Amount: _____	<b>Allowances Claimed:</b> Alternative Tax %: _____ Additional Amount: _____	<b>Worker's Comp Code:</b> _____ <b>Worker's Comp Classification:</b> _____	

Deduction Name	Pretax	Amount/Percent Per Payroll	Notes
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Employer Signature for New/Change Employee	Title	Date
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**Direct Deposit:** A voided check/bank letter must be faxed or emailed. No deposit slips or starter checks.

Bank Name:	<input type="checkbox"/> Checking  <input type="checkbox"/> Savings	Account #: <hr/> Routing #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net
Bank Name:	<input type="checkbox"/> Checking  <input type="checkbox"/> Savings	Account #: <hr/> Routing #:	<input type="checkbox"/> % of Net: _____ <input type="checkbox"/> Fixed Amount: _____ <input type="checkbox"/> Remainder of Net

I hereby authorize my employer (above) to initiate any credit entries and if necessary, debit and adjustment in error to my (our) account listed above. This authority is to remain in full force and effect until employment/payroll processor has received written notification from the employee of its termination in such time and manner as to afford employer/payroll processor a reasonable opportunity to act on it.

Employee Signature for Direct Deposit	Date	Employee Contact Phone
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FAX to: 1-888-496-2201

Email to: [services@primexhr.com](mailto:services@primexhr.com)

Questions: 888-563-0947