



STRONG & STRONG

Certified Public Accountants

EMPLOYEE PAYROLL ENROLLMENT AND UPDATE FORM

Business Name: _____

To Be Completed By Employee

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Single: Married: Married, but withholding at higher single rate:

of Allowances/Dependents: _____

Direct Deposit Information: (Options – Bank Accounts or WEX Debit Card)

1st Bank Account

Bank Routing #: _____ Bank Acct #: _____ Amt./%: _____

Account Type: Checking Savings

2nd Bank Account

Bank Routing #: _____ Bank Acct #: _____ Amt./%: _____

Account Type: Checking Savings

WEX Debit Card (Will be issued if no bank info. is provided.) Amt./%: _____

Employee Signature: _____ Date: _____

To Be Completed By Employer:

Hire/Rehired Date: _____

Pay Schedule: _____

Pay Rate: _____

Known Payroll Deductions (If Applicable, Please List): _____

Authorized Signature: _____ Date: _____