



PINKERTON
 PAYROLL & INSURANCE GROUP
 Employee New Hire Input Sheet

Client Name: _____

Employee Personal Information	
Employee Name: _____ (please use employee's full legal name)	
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____

Date of Birth: ____/____/____ SS#: ____/____/____

TO BE COMPLETED BY EMPLOYER:	
Employee #: _____	Dept: _____
Start Date: _____	
Job Title: _____	WC Code: _____
Rate of Pay: \$ _____	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Commission Only	
Tax Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married at Higher Single Rate	
_____ # of Exemptions	
_____ Additional Tax _____% or _____\$	

 Authorized Client Signature

 Date

Pinkerton Payroll &
 Insurance
 421 Commercial Court, Suite A
 Venice, FL 34292
 941-497-7737



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	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Account			
Enter \$ 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 PERIOD DELAY UNTIL PAYCHECKS ARE DIRECT DEPOSITED.

X _____

Date _____

Attach Voided Check Here