Dominion Hills Pool
The Dominion Hills Area Recreation Association

EMPLOYEE SETUP FORM

:

Employee Information

Complete one form per employee paid in the current year

Employer Name: _____

First Name: _____   Last Name: _____
Legal Name on Social Security Card

Home Address: _____   City: _____   State: _____   Zip: _____

Work Location: _____   Gender: ☐ Male   ☐ Female

Social Security #: _____

Email Address: _____   Hire Date: ___ / ___ / ___   Date of Birth: ___ / ___ / ___

Employee Type: ☐ Full Time   ☐ Temporary   ☐ 1099   ☐ Part Time

Select Employee Type *(Salary or Hourly)*

☐ Salary Rate: $ _____   Pay Year   ☐ Overtime Rate: $ _____   Rate Per Hour

☐ Hourly Rate: $ _____   Per Hour   ☐ Other Rate: $ _____   Per: _____

Deductions

Name (medical, dental, 401(k), etc.)	Amount	How often?
	$	
	$	
	$	
	$	
	$	

Additional Earnings

Name (bonus, auto, etc.)	Amount	How often?
	$	
	$	
	$	
	$	
	$	

Direct Deposit

To activate Direct Deposit. Please complete.

⑆ XXXXXXXX ⑆ 12345678910 ⑈ 1000

Routing Number   Account Number   Check Number

Account Type	Write in $ Amount or "Net Pay"	Routing Number (9 digits)	Account Number	Bank Name

I authorize my employer (or contract payer) to deposit my pay to the account(s) below and, if necessary, to adjust or reverse a deposit for any payments made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer (or contract payer) a reasonable opportunity to act on it.

Individual's/Company's Name(s): _____   Contact Email or Phone: _____

Direct Deposit Account #1 *(Attach a Voided Check Below)*

Individual's/Company's Name(s) on bank account: _____

Name of bank: _____

Bank routing number (from check or bank, NOT deposit slip): _____

Bank account number: _____   Checking: _____   Savings: _____

Entire paycheck: _____   or amount: $ _____   or % _____

I: XXXXXXXX :I 12345678910 I" 1000

Routing Number   Account Number   Check Number

ATTACH VOIDED CHECK HERE

Direct Deposit Account #2 *(Attach a Voided Check Below)*

Individual's/Company's Name(s) on bank account: _____

Name of bank: _____

Bank routing number (from check or bank, NOT deposit slip): _____

Bank account number: _____   Checking: _____   Savings: _____

Entire paycheck: _____   or amount: $ _____   or % _____

I: XXXXXXXX :I 12345678910 I" 1000

Routing Number   Account Number   Check Number

ATTACH VOIDED CHECK HERE

Important

- Please attach a VOIDED CHECK for each bank account.
- If a savings account, please verify with your bank the routing number to be used with direct deposits.

Employee/Contractor signature: _____   Date: _____