



P.O. Box 450333
Garland, TX 75045-0333

Phone: 866.797.3446
Fax: 972.675.6447

WWW.PEIGOLLC.COM

EMPLOYEE PROFILE FORM

- Submit one form for each employee (active and terminated).
- Only include terminated employees if they had wages this year.

Company Name: _____ Location _____

Department (if applicable): _____ Time Card Number _____

Employee First Name: _____ M: _____ Last _____

Social Security Number: _____ - _____ - _____ Hire Date: _____

Address: Street: _____ Apt. _____

City: _____ State: _____ Zip: _____

Federal Filing Status: Married ___ Single ___ Married W/H @ Single Rate _____

Exemptions: _____ Additional Withholdings: _____

Non Texas-State Filing Status: Married: one spouse working _____ Both spouses working _____

State Name _____ Single _____ Head of Household _____

Exemptions _____ Dependents: _____

Additional Withholdings _____

Pay Information: Hourly _____ Salary Non Exempt _____ Salary Exempt _____ 1099 _____

Per Pay Period Gross Salary _____ Hourly rate _____

Current Quarter Wages and Taxes – ATTACH REPORTS

	Current QTD	YTD	Voluntary Ded's per pay period	
Gross Wages	_____	_____	Description	Amount or %
Fed Taxes	_____	_____	_____	_____
Social Sec:	_____	_____	_____	_____
Medicare:	_____	_____	_____	_____
State Taxes:	_____	_____	_____	_____

Voluntary Deductions:	Current QTD	YTD
_____	_____	_____
_____	_____	_____



P.O. Box 450333
Garland, TX 75045-0333

Phone: 866.797.3446
Fax: 972.675.6447

WWW.PEIGOLLC.COM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME: _____

EMPLOYEE NAME _____

I hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate if necessary, adjustments to any credit entries in error to my checking and / or savings account indicated below at the depository named below.

Deposit Institution: _____

Bank Name: _____

Bank Address: _____

Transit ABA No: _____

Account Type: _____

Account No: _____

Please attach a copy of a voided check

This authority is to remain in full force and effect until COMPANY, has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and Deposit Institution a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

_____ I decline to participate in the Direct Deposit program at this time.