



Automated Paycheck Services

Company Name _____

Preparer's Name _____

Date _____

Employee Add/Change Form

Please Complete and Print Legibly

New Employee

Employee Information Change

Employee No _____

Single Married

Social Security ____-____-_____

Allowances on W-4 # _____

Last Name _____

Wage Rate \$ _____.

First Name _____

Department _____

Middle Initial _____

State in which employee works _____

Address _____

401K / IRA _____

City _____

Insurance Deduction \$ _____

State _____ Zip _____

Garnishment _____

Hire Date _____

New Employee

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Social Security ____-____-_____

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