



The Business Services Company

EMPLOYEE ADDITION

CLIENT COMPANY NAME: _____ AUTHORIZED BY: _____

EMPLOYEE LAST NAME: _____ FIRST NAME: _____ M/I: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ D/O/B: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

POSITION/TITLE: _____ DEPARTMENT: _____

EMPLOYMENT DATE: _____

PAY TYPE: (Circle One)

HOURLY

SALARY

OTHER (Describe _____)

PAY PERIOD: (Circle One)

WEEKLY

BIWEEKLY

SEMI-MONTHLY

MONTHLY

OTHER (Describe _____)

REGULAR HOURS/PERIOD: _____

REGULAR PAY RATE:

(Hourly Rate) \$ _____

(Salary Rate) \$ _____

TAX STATUS: (Circle One)

SINGLE

SINGLE-HEAD OF HOUSEHOLD

MARRIED FILING JOINTLY

MARRIED FILING SEPRATELY

NUMBER OF DEPENDENTS: _____

PAYROLL DEDUCTIONS:

HEALTH INSURANCE \$ _____

LIFE INSURANCE \$ _____

OTHER \$ _____ (Describe _____)

PAYROLL DEDUCTION FREQUENCY: (Circle One)

WEEKLY

BIWEEKLY

SEMI-MONTHLY

MONTHLY

DIRECT DEPOSIT: (Circle One) **YES** or **NO** (If yes, complete "Payroll Service Direct Deposit Authorization" form and attach a voided check from personal account)

Submit Agreement to *Matrix* by e-mail to: payrolls@Matrixtbsc.com

by facsimile to: 770.889.7215

by mail to: 320 Dahlonega Street, Cumming, GA 30040-2410