Payroll Information Form

Name:				Phone Number:		
Mailing Address:						
Physical Address: (if different than above)						
REQUIRED- Email Ac	ldress:					
***Reminder: you	will receive you	r paystub via	email.			
Please check all t	ows you to send to payroll entry. Benet. Formation	oth member	and employee w	•	address, as well	
Complete section(s) b	elow with your b	anking accou	nt information.			
Name of Bank:						
Action to be taken: □	lNew deposit au	thorization.	□Change f	rom previous autl	norization.	
Type of Account:	\square Checking	\square Savings	\square Pay Card	Amount:	%	
Account #:						
9-Digit Routing #:						
*For Multiple Accounts: Name of Bank:	:					
Action to be taken: □	lNew deposit au	thorization.	□Change f	rom previous autl	norization.	
Type of Account:	\Box Checking	\square Savings	☐ Pay Card	Amount:	%	
Account #:						
9-Digit Routing #:						
LKiChoice, a division of L in this document, which writing, or employment	include my signati		=		: : : = =	
Changes to your payroll information may take up to one week to be processed and take effect on your employed profile. Please call to verify that your account information is changed.						
Employee Signature					Date:	

