PAYTRAK
PAYROLL SERVICES

EMPLOYEE ADD/CHANGE FORM

CLIENT ID: _____

CLIENT: _____

TYPE: ADD ☐
CHANGE ☐

EMPLOYEE GENERAL INFORMATION	
EMPLOYEE CODE:	
LAST NAME:	
FIRST NAME:	M.I.:
STREET:	
CITY:	
PROVINCE:	COUNTRY:
POSTAL CODE:	
TEL.: **( ) -**	SEX: **M F**
S.I.N.: - -	
BIRTH DATE: (Y /M / D) **/ /**	
FILING STATUS: FEDERAL TAX CREDIT:	
PROVINCIAL TAX CREDIT:	
E.I. EXEMPTION: Yes ☐ No ☐	
CPP/QPP EXEMPTION: Yes ☐ No ☐	
EHT/FSS ELIGIBILITY: Yes ☐ No ☐	
PROVINCE OF TAXATION:	
% VACATION:	
DIRECT DEPOSIT INFORMATION	
PLEASE ATTACH A VOID CHEQUE	
DIRECT DEPOSIT: Yes ☐ No ☐	
PRIMARY ACCOUNT: BANK #: ☐☐☐☐☐	
ACC. #: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
SECOND ACCOUNT: BANK #: ☐☐☐☐☐	
ACC. #: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
SECOND DEPOSIT AMOUNT	$

RECURRING WAGE INFORMATION	
TYPE: (HOURLY, SALARY, ETC.)	START DATE:
	END DATE:
RATE: **$** **per**	
TYPE:	START DATE:
	END DATE:
RATE: **$** **per**	
RECURRING DEDUCTION INFORMATION	
TYPE: (GROUP HEALTH ETC.)	START DATE:
	END DATE:
	RATE TYPE: $ ☐ % ☐
RATE: **per/of**	
TYPE:	START DATE:
	END DATE:
	RATE TYPE: $ ☐ % ☐
RATE: **per/of**	
OTHER INFORMATION/ NOTES	
HIRE DATE:	
FIRST DAY WORKED:	

FORM PT 1020C

AUTHORIZED SIGNATURE DATE