

2022

Emp ID _____

PARTIES WITH CLASS EMPLOYMENT APPLICATION

Please Print Neatly

Name _____ Job Applying For _____

Date: _____ Cell Phone _____

Alt Phone: _____ Cell Phone Company _____

Date of Birth _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

E-Mail address _____

Current Employment: _____

Catering or Restaurant Experience _____

Include Contact Name and Phone Number _____

Do you have any Physical Limitations that will prevent you from lifting approximately 50.Lbs. _____

If Yes please explain _____

Emergency Contacts: Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Have you ever been convicted of a Crime (excluding Traffic Violations) Yes or No?

We DO BG-checks. There is NO threshold period. BG-Checks go back to the day you were born.

If you fail the background check and indicate that you have not been convicted of a crime and it is determined that you in fact were convicted, you agree to pay the cost of the Back Ground Check.

If Yes Explain _____

I authorize Parties with Class to do a background check on me as of this Date _____

Name _____ **Date** _____ / _____ / _____

Office Use Only

Interviewed by _____ Date of Hire _____ Starting Rate _____ Pay-EID _____

Has Transportation _____, Has Uniform Pants Shirt Tie Vest Uniform Date _____

Driver's License _____ Social Security Card _____ Banking Info _____

Number of Plates they can Carry First Time _____

Copy Of TIPS Certification Yes No Pay Card – OR- Direct Deposit

Referred By

MI-W4

(Rev. 08-11)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No	
City or Town	State	ZIP Code	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ <input type="text"/> .00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i>	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		9. Employee's Signature ▶ Date	
		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person	
		▶ 11. Federal Employer Identification Number <input type="text"/>	

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone or you are a non-resident spouse of military personnel stationed in Michigan. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Visit the Treasury Web site at: www.michigan.gov/taxes



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MI-W4

(Rev. 12-20)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. **Read instructions on page 2 before completing this form.**

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number		▶ 2. Date of Birth	
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID			
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee?		(mm/dd/yyyy)	
			<input type="checkbox"/> Yes If Yes, enter date of hire.....			
City or Town			State		ZIP Code	
			<input type="checkbox"/> No			
6. Enter the number of personal and dependent exemptions (see instructions)					▶ 6.	
7. Additional amount you want deducted from each pay (if employer agrees)					7. \$.00	
8. I claim exemption from withholding because (see instructions):						
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.						
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____						
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____						
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.						
<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i>						
9. Employee's Signature					▶ Date	

EMPLOYER: Complete the below section.				
10. Employer's Name		▶ 11. Federal Employer Identification Number		
Address (No., Street, P.O. Box or Rural Route)		City or Town	State	ZIP Code
Name of Contact Person		Contact Phone Number		
INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.				
In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to: Michigan Department of Treasury Tax Technical Section P.O. Box 30477 Lansing, MI 48909				

Parties With Class

NON-COMPETITION AND NON-DISCLOSURE AGREEMENT

The undersigned, and AT WILL employee of **Parties With Class**, does agree, in consideration of my employment by Parties With Class (Company) and the compensation paid/to be paid to me by the Company as follows:

- That so long as I am available and/or seeking temporary assignments through **Parties With Class**, I will **NOT** accept any employment or perform any services with any establishment that the Company is providing staffing for or is a customer of. Further, I will not solicit any job from a client that **Parties With Class** is currently doing business with or has done business with during the ninety (90) days period prior to the time that I seek employment from any said entity.
- Further, I understand and agree that for a one-hundred and twenty (120) day period after termination (voluntarily or involuntarily) of my employment, I will not seek nor solicit employment with a client that **Parties With Class** provides staffing for.
- If I decide to accept any position with a client which **Parties With Class** may have provided service to at any time during my employment then I will be responsible to pay **Parties With Class** a standard 20% placement fee for the first ninety (90) days of my employment with the said client/entity. The 20% is based on my gross earnings with the client.
- During my employment with **Parties With Class**, I agree that under any circumstances should I be approached for a position by any establishment that **Parties With Class** has assigned me to or that I become aware of through my employment through **Parties With Class**, I will immediately inform the establishment or client that it must contact **Parties With Class** for the use of my services.
- Due to the difficulty in measuring economic losses to the Company as a result of my breach of the foregoing covenant and because of the immediate and irreparable damage that would be caused to the Company for which it may not have any other adequate remedy, I agree that the foregoing covenant may be enforced by the Company in the event of breach by me by injunctions and restraining orders issued by a court of competent jurisdiction.
- I do further agree that the foregoing covenants and restrictions impose a reasonable restraint on me in the light of the activities and business of the Company on the date of the execution of this Agreement and the future plans of the Company and it is also the intent of the Company and myself that such covenants to be construed and enforced in accordance with the activities and business of the Company on the date of the termination of my employment. The undersigned does further specifically agree that he/she will not, whether during my employment or subsequent to the termination of this Agreement, in any fashion form or manner, either directly or indirectly, divulge, disclose or communicate with any person, firm or corporation any business including but not necessarily limited to customer lists, employee lists, financial or any other business related information.
- I do further agree that during the term of the Agreement, I will not induce or influence any other **Parties With Class** employee to terminate his or her employment with **Parties With Class** or otherwise participate in any business activity directly or indirectly competitive with **Parties With Class**
- The covenants in the Agreement are Severable and Separate and the unenforceability of any specific covenant shall not affect the provisions of any other covenant. Moreover, in the event any court of competent jurisdiction determines that the scope, time or other restrictions set forth herein are unreasonable, that is the intention of the parties that such restrictions be enforced to the fullest extent which the court deems to be reasonable.
- This Agreement shall be interpreted under the laws of the State of Michigan. **I HAVE READ THIS ENTIRE AGREEMENT AND FULLY UNDERSTAND AND AGREE TO THE TERMS THEREOF AND THE RESTRICTIONS WHICH IT IMPOSES UPON ME.**

Print name: _____ Signature: _____ Date: _____

Parties With Class

To: All **Parties With Class** Employees

From: Howard P. Waxer, President

The following conditions shall apply to your employment with **Parties With Class**

Shift Acceptance

As an employee of **Parties With Class**, I realize that it is a job requirement to show up for all work assignments that I accept. If for some reason an emergency should arise, I will contact **Parties With Class** at the company phone# (248) 569-7576. If no answer, I will leave a message on the voice-mail. If my attempts to reach the office are after normal business hours, I will also call the company cell phone emergency# (248) 935-6652. I have made a note of these phone numbers and accept it is my responsibility to know them. I further understand that in the event of an emergency that it is my responsibility to provide my employer with proper documentation of why I am not/was not able to arrive to work. If I fail to show up without a documented excuse or call off within 12 hours of my scheduled time, I accept a fine of \$50.00 to be deducted from paycheck. I may also be given time off from work, a pay decrease, or terminated. I have read and accept this company policy as a term of my employment.

Alcohol

I understand that it is against **Parties With Class** policies to consume alcoholic beverages while at work or to come to work with the smell of alcohol on my breath. There are no possible circumstances that I would be allowed to drink alcohol before work, during a work assignment, nor after the shift is over. I will not accept permission from any client of **Parties With Class** to have any alcohol while on the premise of a client, or **Parties With Class** event to which I have been assigned. I understand that if I violate this policy, that I will be terminated, and I agree to forfeit any wages that may be due to me at the time of my termination, including past due wages, as a fine for breaking this policy. I have read, understand and accept this company policy as a term of my employment.

Parking

It is the sole responsibility of you to find your own parking. There are a couple clients where we will assist in your parking situation: Ross School of Business and The Graduate Hotel. If you work at Ross School of Business you can park at the Salvation Army at Stimson and State Street, you can call a Michigan Green Cab (734) 662-4444. There is a 3\$ fee for each way you ride in the cab. The cab will take you to the School. If you work for The Graduate Hotel, you can park at Liberty Parking Structure on Washington St. There is also a \$3 fee for parking there. These fee's will be taken from your check as a deduction.

Attendance

I understand that it is my responsibility to arrive to scheduled shift assignments for Parties With Class 15 minutes before my scheduled time. If for some reason I am running late, it is my responsibility to notify **Parties With Class** staff so that the client may be informed that I am on my way. I understand that being on time is **NOT** defined by being in the parking lot or building. On time means being on premise with coat removed, in uniform including name tags, pens, wine keys, etc. as required and ready to work. If I am considered late for an assignment, I agree to accept a \$50.00 fine for being late to be deducted from my paycheck. I have and read and accept this company policy as a term of my employment.

Uniform

I understand that it is the company policy to arrive to work in a clean and pressed uniform free from visible stains, tears, or scents. I understand that being in uniform includes wearing earrings no larger than nickels if am female and no earrings without permission if I am male. I agree not to wear nose rings or tongue rings to work. I understand that black socks, black shoes with no other markings or colored stitching is company policy. Nail polish of neutral/pale color is acceptable, but black, neon, or other colors are not acceptable.

Print name: _____ Signature: _____ Date: _____

Parties With Class Over-time Policy

Parties With Class is a temporary agency staffing the needs of various clients around the metro Detroit area. Because our work locations are not central, it occasionally happens where clients will ask you to stay longer than your scheduled shift. It may also happen that a client may ask you to come in on a day in which you were not scheduled. **You are hereby advised** that working these extra hours may put you into an overtime position. You are **NEVER** required to work overtime, nor do we expect you to do so. If you choose to work overtime or additional hours, you will be paid at your regular pay rate. It is **YOUR** responsibility to track your hours throughout the work week. If you find that you are approaching 40 hours for the week, it is YOUR responsibility to let Parties With Class know so that we may replace you for any scheduled hours that would put you into an overtime position. Failure to do so means that you are accepting that work at regular pay. As a reminder, our pay week begins on Monday and ends on Sunday. Therefore, if you stayed longer at a certain location or picked up a shift through the week, you must let us know before you hit overtime hours.

We cannot pay overtime because our clients do not care that you worked additional hours at various work sites. If they knew you were in overtime hours, they would tell us to send someone else. You cannot add hours to your work week and expect us to pay you overtime when Parties With Class cannot bill the client overtime rates.

In the event that you work overtime hours with a single client, that client must approve you to be paid overtime pay, otherwise you will also be paid at your regular rate. Simply staying extra hours does not guarantee the client will pay the overage, therefore you **MUST ASK** the client about overtime before voluntarily staying late, or picking up extra shifts as a favor to that client.

ACKNOWLEDGED:

I have read and understand Parties With Class overtime policy and accept that it is my responsibility to track my own hours each work week. Should IO work overtime hours, I accept regular pay rate. I acknowledge that I am not being asked to work overtime, and I acknowledge that overtime is NOT required.

Signature

Printed Name

Date



Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

Employee/Worker: Retain a copy of this form for your records. Return the original to your employer/company.

Employer/Company: Please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay							

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay							

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay							

CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

Employee/Worker Signature _____ **Date:** _____
MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ **Date:** _____
MM/DD/YY

* All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

Note:Digital or Electronic Signatures are not acceptable.