



# REHIRE FORM

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

**If your tax withholding has changed please attached a new W4.**

**If you want direct deposit, please fill out below.**

***Even seasonal employees who had direct deposit in a previous year must complete this form with the appropriate information.***

## Direct Deposit Authorization Form

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

I authorize the above-named employer, and the financial institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

**A VOIDED CHECK OR DOCUMENT FROM YOUR BANKING INSTITUTION SHOWING THE ROUTING (ABA) AND ACCOUNT NUMBERS MUST BE ATTACHED.**

**Please indicate account type:**

**Checking**       **Savings**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date