HOUSEHOLD PAYROLL EMPLOYER WORKSHEET



	Date of Birth
HOUSEHOLD EMPLOYER CONTACT INFORMATION:	
Please provide the full legal name of the employer (as it appears on your incom	
Mr. First Name M.I. Last Name	Suffix Social Security Number
O Mrs.	
O Ms.	
Address where work will be performed Apt.	City State Zip Code
Home Phone Cell Phone	Email Address
Preferred Method of Contact: Home Phone Cell Phone	Email Address
SPOUSE CONTACT INFORMATION (if filing joint tax return):	Date of Birth
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Mr. First Name M.I. Last Name	Suffix Social Security Number
Ó Mrs.	
O Ms.	
Home Phone Cell Phone	Email Address
Preferred Method of Contact: 🛛 Home Phone 🗌 Cell Phone	Email Address
PRIMARY AGENT/FAMILY CONTACT INFORMATION:	
Mr. First Name M.I. Last Name	Suffix Daytime Phone Number
Ŏ Mrs.	
○ Ms	
Address Apt.	City State Zip Code
Home Phone Cell Phone	Email Address
Preferred Method of Contact:	Email Address
ADDRESS WHERE PAPERWORK SHOULD BE MAILED (IF DIFFE	ERENT FROM EMPLOYER ADDRESS ABOVE)
Mr. First Name M.I. Last Name	Suffix Daytime Phone Number
O Mrs.	
Address Apt.	City State Zip Code
Home Phone Cell Phone	Email Address
Preferred Method of Contact: Home Phone Cell Phone	Email Address
HOUSEHOLD PAYROLL SERVICE PLAN INFORMATION:	
	Electronic Service Offering: Frequency of Pay:
Details of payroll service plan offerng:	✓ Direct Deposit (DD) ✓ Weekly
(If uncure of your entions, places contact us to discuss in more data:))	Electronic Tax Payments
(If unsure of your options, please contact us to discuss in more detail).	Payment of Monthly Invoices
ADDITIONAL TAX SET-UP INFORMATION:	If Yes, Enter EIN Here:
Has the employer ever obtained or applied for a Federal Employer Identification	
Number (FEIN) either for the household or as a Sole Proprietorship?	□ No

REDLIG FINANCIAL SERVICES INC. • 40 PRESCOTT AVENUE, SUITE 1L, WHITE PLAINS, NY 10605

WESTCHESTER: (914) 946-7725 • NYC: (646) 827-3600 • LONG ISLAND: (516) 935-3950

EMPLOYER PAY INFORMATION & ELECTRONIC ENROLLMENT



EMPLOYEE PAY INFORMATION:		PAY SCHEDULE:	
Note: Time and a half must be paid for all employees working 40 hours per week.			
Employee Name:	Employee Name:	When does work week start:	
Hourly Rate:	Hourly Rate:	When does work week end:	
Work Schedule	Work Schedule:	What day is payday:	
Other Information:	Other Information:		
		BENEFITS:	
		Sick Pay:	
Employee Name:	Employee Name:	Vacation Pay:	
Hourly Rate:	Hourly Rate:	Time and a Half for Holidays:	
Work Schedule	Work Schedule:	Specify:	
Other details:	Other Info:		
ADDITIONAL SET-UP INFORMATION:			
ADDITIONAL SEI-OP INFORMATION:			
STEP 1: EMPLOYER BANK ACCOUN	T INFORMATION:		
Bank Routing Number (9 Digits):			
Bank Account Number:			
Please attach a v	oided copy of check with pape	rwork submission.	
Checking Account			
Savings Account JOHN SMITH 1234 MARY SMITH 15-0000/0000			
IMPORTANT NOTE: 999 Maple Street Someplace, NY 10000 Date			
In order to validate this account, we Pay to the Order of			
will be required to run a test transaction			
through this account that will need to be/Dollars			
validated. We will discuss the details and SOME BANK Someplace, NY 10000 Routing number Account number			
timing of this when we have completed Do not include the			
the electronic enrollment component of the employer set-up process.			
Note: The routing and account numbers may appear in different places on your check.			
STEP 2: ELECTRONIC FUNDS AUTHORIZATION:			
I hereby authorize Redlig Financial Services Inc. to initiate electronic funds transfer on my behalf for payroll services using the			
bank account information provided above. In addition, I agree to to fund the account in full on or before the funding deadlines in order to ensure that there are funds available for the payroll. Redlig Financial Services Inc. does not assume any responsibility			
and will not pay any fees and or bank charges/penalties that occur as a result of insufficient funds in the employer account.			
	you have an ACH debit block on your accoun	-	
	bank may not have notified you that you have a debit block on the account and failure to provide this information to your		
bank may result in payments being rejected.			
х			
Authorized Signature	Date Prin	ted Name	
If signatory is someone other than the employer,			
please provide relationship and authorization:			

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