

HOUSEHOLD PAYROLL EMPLOYER WORKSHEET



HOUSEHOLD EMPLOYER CONTACT INFORMATION:

Please provide the full legal name of the employer (as it appears on your income tax return)

☐ Mr. First Name M.I. Last Name
☐ Mrs.
☐ Ms.

Date of Birth

Social Security Number

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

SECTION 2: SPOUSE CONTACT INFORMATION (if filing joint tax return):

☐ Mr. First Name M.I. Last Name
☐ Mrs.
☐ Ms.

Date of Birth

Social Security Number

PRIMARY AGENT/FAMILY CONTACT INFORMATION:

☐ Mr. First Name M.I. Last Name
☐ Mrs.
☐ Ms.

Date of Birth

Social Security Number

Address

Apt.

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Preferred Method of Contact:

☐ Home Phone

☐ Cell Phone

☐ Email Address

ADDRESS WHERE PAPERWORK SHOULD BE MAILED (IF DIFFERENT FROM EMPLOYER ADDRESS ABOVE):

Address

Apt.

City

State

Zip Code

Home Phone

Cell Phone

Email Address

HOUSEHOLD PAYROLL SERVICE PLAN INFORMATION:

Details of payroll service plan offering:

(If unsure of your options, please contact us to discuss in more detail).

Electronic Service Offering:

- ☒ Direct Deposit (DD)
☒ Electronic Tax Payments
☒ Payment of Monthly Invoices

Frequency of Pay:

- ☒ Weekly

ADDITIONAL TAX SET-UP INFORMATION:

Has the employer ever obtained or applied for a Federal Employer Identification Number (FEIN) either for the household (or as a Sole Proprietorship)?

☐ No

If Yes, Enter EIN Here:

EMPLOYER PAY INFORMATION & ELECTRONIC ENROLLMENT

EMPLOYEE PAY INFORMATION:

Note: Time and a half must be paid for all employees working 40 hours per week.

Employee Name:

Hourly Rate:

Work Schedule:

Other Information:

Employee Name:

Hourly Rate:

Work Schedule:

Other Information:

PAY SCHEDULE:

When does work week start:

When does work week end:

What day is payday:

BENEFITS:

Sick Pay:

Vacation pay:

Holiday Pay:

Specify:

Employee Name:

Hourly Rate:

Work Schedule:

Employee Name:

Hourly Rate:

Work Schedule:

ADDITIONAL SET-UP INFORMATION:

STEP 1: EMPLOYER BANK ACCOUNT INFORMATION:

Bank Routing Number (9 Digits):

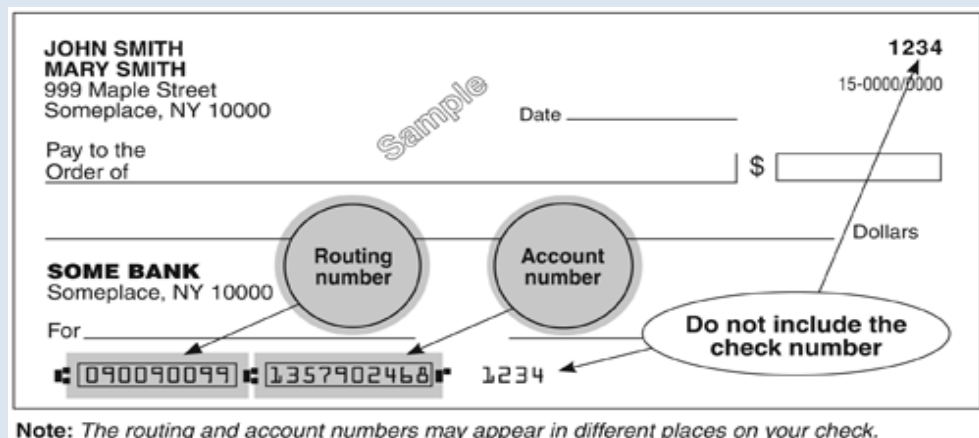
Bank Account Number:

Please attach a voided copy of check with paperwork submission.

- ☐ Checking Account
☐ Savings Account

IMPORTANT NOTE:

In order to validate this account, we will be required to run a test transaction through this account that will need to be validated. We will discuss the details and timing of this when we have completed the electronic enrollment component of the employer set-up process.



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. I agree 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.

In addition, please contact your bank if you have an ACH debit block on your account to prevent unauthorized debits. Your 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.

X _____
Authorized Signature Date Printed Name

If signatory is someone other than the employer,
please provide relationship and authorization: _____