



CLIENT ID

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|--|--|--|--|--|--|

START DATE

|  |  |   |  |   |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
|  |  | - |  | - |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|

EMPLOYEE #

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

For office use only:  
 Pay Group: \_\_\_\_\_  
 Pay Tech Ext: \_\_\_\_\_

100 South Missouri Ave  
 Clearwater, Florida 33756

|                             |                              |                      |                  |                      |      |                      |    |
|-----------------------------|------------------------------|----------------------|------------------|----------------------|------|----------------------|----|
| <b>PERSONAL INFORMATION</b> | LAST NAME                    | <input type="text"/> | FIRST NAME       | <input type="text"/> | M.I. | <input type="text"/> |    |
|                             | SOCIAL SECURITY NUMBER       | <input type="text"/> | TELEPHONE #      | <input type="text"/> |      |                      |    |
|                             | STREET ADDRESS               | <input type="text"/> |                  |                      |      |                      |    |
|                             | CITY                         | <input type="text"/> | STATE            | <input type="text"/> | ZIP  | <input type="text"/> |    |
|                             | DRIVER'S LICENSE #           | <input type="text"/> | DRIVERS LICENSE: | YES                  | NO   | CHAUFFEUR: YES       | NO |
|                             | IN CASE OF EMERGENCY NOTIFY: |                      |                  |                      |      |                      |    |
|                             | LAST NAME                    | <input type="text"/> | FIRST NAME       | <input type="text"/> | M.I. | <input type="text"/> |    |
|                             |                              |                      | TELEPHONE #      | <input type="text"/> |      |                      |    |

| <b>FORMER EMPLOYERS</b> | Date |       |      | NAME AND ADDRESS OF EMPLOYER | PHONE # | POSITION | REASON FOR LEAVING |
|-------------------------|------|-------|------|------------------------------|---------|----------|--------------------|
|                         | From | Month | Year |                              |         |          |                    |
|                         | To   |       |      |                              |         |          |                    |
|                         | From |       |      |                              |         |          |                    |
| To                      |      |       |      |                              |         |          |                    |
| From                    |      |       |      |                              |         |          |                    |
| To                      |      |       |      |                              |         |          |                    |

| <b>EDUCATION</b>                         |                      | NAME AND LOCATION OF SCHOOL | # OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECT STUDIED |  |
|--|----------------------|-----------------------------|---------------------|-------------------|-----------------|--|
|  | HIGH SCHOOL          | <input type="text"/>        |                     |                   |                 |  |
|  |                      | <input type="text"/>        |                     |                   |                 |  |
|  | COLLEGE              | <input type="text"/>        |                     |                   |                 |  |
| <input type="text"/>                     |                      |                             |                     |                   |                 |  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | <input type="text"/> |                             |                     |                   |                 |  |
|  | <input type="text"/> |                             |                     |                   |                 |  |

By signing below, I, \_\_\_\_\_, acknowledge that if Client submits an application and working hours for me and my application is accepted by FrankCrum\*, I will become a FrankCrum leased employee assigned to Client as of the first day for which Client reports payroll and hours worked. My receipt of wages from FrankCrum for hours worked as a leased employee for Client will confirm my agreement to be a FrankCrum leased employee and that FrankCrum may provide any notice to me, including but not limited to, notice required by federal, state, or local law, by providing such notice to me on a statement of earnings or via electronic means (such as e-mail or posting the notice on a website). I understand that (1) FrankCrum is a licensed professional employer organization and has a contract with Client to process Client's payroll and provide other administrative services, (2) unless otherwise advised by FrankCrum, while I am a FrankCrum leased employee, I will be covered by workers' compensation insurance provided through FrankCrum for pay periods in which Client submits my working hours and pays FrankCrum, (3) if I am removed from Client's or FrankCrum's payroll at any time, I will no longer be covered by workers' compensation insurance provided through FrankCrum, (4) I am an at-will employee and I agree that Client, FrankCrum, or I can terminate our employment relationship at any time and that the terms and conditions of my employment may be changed without cause and without notice at any time, and that no one other than the President of FrankCrum has the authority to enter into any agreement to the contrary, (5) I agree that I will cooperate with FrankCrum and its legal representatives in the defense of any workers' compensation claim I may sustain, and (6) I agree that all the information on this application is true and complete and any false information, omission, or misrepresentation of facts in this application may result in the denial of my application or termination. By signing below, I acknowledge receipt of the following notices: South Carolina Notice: FrankCrum operates under and is subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify immediately FrankCrum by mail at 100 South Missouri Ave., Clearwater, FL 33756 or by phone at 1-800-393-0815; or the Client by mail at the Client's home office or phone at Client's home office telephone number. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to me or my beneficiaries and may result in failure to receive any compensation benefits. Professional employer organizations are regulated by the South Carolina Department of Consumer Affairs (SCDCA). Any questions or concerns unresolved by FrankCrum or Client may be addressed to the SCDCA by (1) Phone: (803) 734-4200, (2) Mail: P.O. Box 5757, Columbia, S.C. 29250-5757, or (3) Website: www.consumer.sc.gov. Texas Notice: Pursuant to §91.032(c) of the Texas Labor Code, Client is solely obligated to pay any wages for which (1) the obligation to pay is created by an agreement, contract, plan, or policy between me and Client, and (2) FrankCrum has not contracted to pay. I may address all unresolved complaints concerning FrankCrum or questions concerning the regulation of staff leasing services to the Texas Department of Licensing & Regulation by phone at 1-800-803-9202 or mail at P.O. Box 12157, Austin, Texas 78711. Virginia Notice: *Filing For Workers' Compensation Benefits:* If I suffer a workplace injury or an occupational disease, I can file a claim for workers' compensation benefits with the Virginia Workers Compensation Commission by (1) Phone: 1-877 664-2566 or (2) Website: www.vwc.state.va.us. *Filing For Unemployment Benefits:* If I am terminated, I can apply for unemployment benefits with the Virginia Employment Commission by (1) Phone 1-866-832-2363 or (2) Website: www.vaemploy.com.

**CONSENT TO RECEIVE W-2 FORMS ELECTRONICALLY**

By selecting "Yes" below, I agree to receive all W-2 forms due to me from FrankCrum in electronic form via email, posting on a website, or another legally permitted method pursuant to the following terms. W-2s that are due to me from FrankCrum will be provided in electronic form via email, posting on a website designated by FrankCrum, or another legally permitted method. All electronically provided W-2s will be maintained on a website for at least three (3) tax years per IRS instructions. If I do not agree to receive W-2s in electronic form, FrankCrum will furnish me with paper copies of W-2s due to me from them. If I request a paper copy of my W-2 in addition to an electronic copy, such request will not be considered a withdrawal of my consent to receive my W-2 electronically. I can request an additional paper copy of my W-2 by sending a request via the W-2 link on the designated website. My consent to receive W-2s electronically will only be considered withdrawn if I follow the instructions provided to me by FrankCrum on the designated website, or if I send a written statement to FrankCrum's W-2 Department at 100 South Missouri Avenue, Clearwater, Florida 33756, phone number (727) 726-2786 stating that I no longer wish to receive W-2s electronically. If at any time I withdraw my consent to receive W-2s electronically, FrankCrum will confirm in writing via the e-mail address it has on file for me on the date of my withdrawal. Such a withdrawal will not apply to any W-2 that FrankCrum has previously furnished me electronically. If my employment with my employer ceases or if my employer's relationship with FrankCrum ends, FrankCrum will only need to furnish me with W-2s, whether paper or electronic, for wages I earned while a FrankCrum leased employee. If my email address, home address, and/or telephone number changes, it will be my responsibility to provide updated contact information to FrankCrum via its W-2 Department. If FrankCrum's contact information changes, I will be informed via the e-mail address FrankCrum has on file for me. In order to print and retain the electronic copy of my W-2s, I will need access to the Internet, an Internet Browser, software capable of reading and printing electronic data files, and a printer. I may be required to print out a paper copy of the electronic W-2 to attach to my Federal, State, and/or local income tax return.

**Yes**, I consent to receive all W-2 forms due to me from FrankCrum electronically via email, posting on a website, or another legally permitted method.

**No**, I do not consent to receive my W-2 forms electronically and wish to receive only paper copies of W-2 forms due to me from FrankCrum.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
E-Mail Address (Print)

\_\_\_\_\_  
Date

**CLIENT FILL IN BLANKS BELOW**

| Current Worker's Comp Code | State                | Dept. No (if applicable)                      | Pay Rate | Pay Type             | Pay Frequency | FLSA Status |
|----------------------------|----------------------|---|----------|----------------------|---------------|-------------|
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                          | \$ _____ | Hourly               | Weekly        | Non Exempt  |
|                            |                      |   |          | Salary               | Bi-Weekly     | Exempt      |
|                            |                      |   |          | Commission           | Semi Monthly  |             |
|                            |                      |   |          | Other:               | Monthly       |             |
| Full-time                  |                      | Part-time                                     |          |                      |               |             |
| <b>Job Description:</b>    |                      | <b>Permanent Deductions Currently on File</b> |          |                      |               |             |
|                            |                      | Amount  |          | Description          |               |             |
|                            |                      | <input type="text"/>                          |          | <input type="text"/> |               |             |
|                            |                      | <input type="text"/>                          |          | <input type="text"/> |               |             |
|                            |                      | <input type="text"/>                          |          | <input type="text"/> |               |             |
|                            |                      | <input type="text"/>                          |          | <input type="text"/> |               |             |

Rev. 02/2020

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

|   |   |                  |  |
|---|---|------------------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) <b>First name and middle initial</b>  | <b>Last name</b> | (b) <b>Social security number</b>  |
|   | <b>Address</b>  |                  | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | <b>City or town, state, and ZIP code</b>  |                  |  |
|   | (c) <input type="checkbox"/> <b>Single or Married filing separately</b><br><input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))<br><input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |                  |  |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|   |   |             |          |
|---|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependents</b>   | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|   | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____   |             |          |
|   | Multiply the number of other dependents by \$500 . . . . ▶ \$ _____   |             |          |
|   | Add the amounts above and enter the total here . . . . .  | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ _____ |
|   | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ _____ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .   | <b>4(c)</b> | \$ _____ |

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|                       |                             |                          |                                      |



**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): _____<br>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: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space  |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**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 |

Employer Completes Next Page



**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.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>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<br>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.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| 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) |
|----------------|-----------------|---------------------------------------|

**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 |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | OR | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | AND | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

Client Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

**Request Action:**  New  Change

Primary Account Bank Name: \_\_\_\_\_

**Account Type:**  Checking  Savings  Payroll Debit Card

Routing Number\* (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

**Deposit Rule:**  Available Balance  Dollar Amount \$ \_\_\_\_\_  Percent Amount \_\_\_\_\_ %

Secondary Account Bank Name: \_\_\_\_\_

**Account Type:**  Checking  Savings  Payroll Debit Card

Routing Number\*: (9 digits)

Account Number:

**Deposit Rule:**  Available Balance  Dollar Amount \$ \_\_\_\_\_  Percent Amount \_\_\_\_\_ %

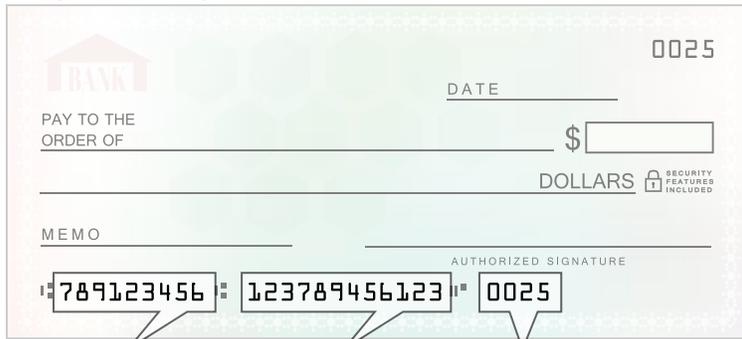
Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize FrankCrum to initiate credit and/or debit entries to my account(s). To ensure the accuracy of the information provided to FrankCrum, I authorize FrankCrum to verbally verify the information provided herein with the applicable financial institution if necessary. The availability of funds is subject to my financial institution's policy and procedures. I will verify that my payroll funds have been deposited, cleared, and are available prior to processing automatic debits, writing checks, and debiting my account against the deposited payroll amount. FrankCrum is not responsible for overdrafts or fees on my

account(s). The accounts listed above must be in my name. A paper check will be issued for the remaining balance when the deposit rule totals less than 100%. Direct deposit may be cancelled if I provide FrankCrum with written notification, upon notification from the client, or by FrankCrum. FrankCrum and the financial institution must be provided with a reasonable opportunity to act on cancellation of the direct deposit. Upon cancellation, any further wages due to me will be in the form of a paper check.

**Example for Direct Deposit**



\*Bank Routing No.      Bank Account No.      Check No.

**Example for Payroll Debit Card**



Account No.

\*FrankCrum Payroll Debit Card Routing Number: 073972181

An incorrect account and/or routing number will result in a \$7.00 reprocessing fee.

**INTERNAL USE ONLY**

|                     |             |
|---------------------|-------------|
| Verified by: _____  | Date: _____ |
| Processed by: _____ | Date: _____ |