



A.T.C.I.

ASSOCIATED TAX CONSULTANTS INC.

Employee Information Form

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

Name of Employee

Social Security Date of Birth

US Citizen Yes No

Address

State City Zip-Code

Email

Primary Contact

Emergency Contact

Rate

Salary Yearly Monthly Biweekly Weekly

Hourly

For Office-Personnel Only

Hire Date: Job Title:

US Veteran Yes No

Military Status

Marital Status



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Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account Information

Account type: Checking Savings

Name of Bank:

Bank routing number (ABA number):

Account number:

(Attach a voided check for the bank account listed above)



Authorization

This authorizes Associated Tax Consultants Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature:

Print name: Date: