

# New Employee Payroll Information Form

Created by : M. Bourgeois Bookkeeping Services Ltd

Please complete this form to ensure accurate payroll setup. All information is kept confidential.

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## Employee Information

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

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

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Employment Details

Position / Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pay Type:  Hourly  Salary

Pay Rate: \_\_\_\_\_

Pay Frequency:  Weekly  Biweekly  Semi-Monthly  Monthly

### Vacation Pay:

4% paid each pay

Accrued

Other: \_\_\_\_\_

Eligible for Overtime:  Yes  No

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## Direct Deposit Information

Bank Name: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Institution Number: \_\_\_\_\_

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

OR attach void cheque

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## Tax Information

Please attach completed forms:

TD1 Federal Form

TD1 Provincial Form

Additional Tax Deduction (optional): \$ \_\_\_\_\_

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## Emergency Contact

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## Employee Authorization

I confirm the information provided is accurate and authorize this information to be used for payroll processing.

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

Date: \_\_\_\_\_