



Authorization for Direct Deposit

I authorize TEAM Environmental, LLC to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford TEAM Environmental LLC a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking: Savings:

Bank routing number: _____

Amount: \$ _____ or entire paycheck:

Balance of pay to:

_____ Manuel (paper check)

_____ Account described below

*Note: Split payments are not available for contractors

Name on bank account: _____

Bank account number: _____ Checking: Savings:

Bank routing number: _____

Important: Please attach voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your direct Deposit enrollment. Keep for your records.

West Virginia New Hire Reporting Form

Federal and state legislation requires all West Virginia employers, both public and private, to report to the New Hire Reporting Center all newly hired, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.WV-newhire.com

Send completed forms to:

West Virginia New Hire Reporting Center
PO Box 640098 Atlanta, GA 30364
Fax: (877) 625-4675

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes.

The following will serve as an example:

A B C

1 2 3

Employer Information

Federal Employer ID Number (FEN) : (please enter same FEIN used to report the employee's quarterly wages)

2 6 3 3 2 0 5 8 5

Employer Name

T E A M E N V I R O N M E N T A L L L C

Employer Address

5 0 S I M M O N S D R I V E

Employer City:

M I L L W O O D

State:

W V

Zip Code:

2 5 2 6 2

Employer Phone (optional):

3 0 4 2 7 3 5 8 9 7

Extention:

Employer fax (optional):

3 0 4 2 7 3 5 8 9 8

Employer Contact Name (optional):

J I L L W E E K L E Y

Employer Phone (optional):

J W E E K L E Y @ C A S C A B L E . N E T

Employee Information

Employee Social Security Number (SSN) :

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

State:

Zip Code :

Start Date MMDDYYYY:

Date of Birth MMDDYYYY: (optional)

Is medical insurance available to the employee?(optional) Y/N

Reports must be submitted within 14 days of hire or rehire date.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us toll-free at (877) 625-4669



Personal Information

Please fill out and either return to office or email. We need the following information for our records.

Drivers License # _____

Date of Birth: _____

Phone/cell number: _____

Email address: _____