



Company: _____

New Employee Information for Employee Access

First Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

Start Date: _____

Employee: Please fill out and return to your employer. Once this form is submitted to Payroll Professionals by your Employer, you will receive a Welcome email from ADP requesting you to register and complete your payroll forms including direct deposit.

Employer: Please return completed form to Payroll Professionals Inc through email or fax

email: payrollprofinc@gmail.com

fax: (208) 785-7235