CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information			
Contractor Type	O Individual	O Business	
Contractor Name			-
Address			
City, State, Zip			-
Email Address			_
Social Security No./ Employer Identification No	·		-

Direct Deposit Information

Will this contractor be paid by direct deposit?				
Direct deposit	O Yes O No	If yes, attach completed Authorization of Direct Deposit form.		

Pay Information

Has this contractor already been paid this calendar year?

O Yes O No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount \$_____

Reimbursement amount \$_____

Notes

Payroll - Employee Information (ALL INFORMATION IS REQUIRED)

Authorization for Direct Deposit

I authorize and Professional					
Financial Specialists, Inc. (PFSI) 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 my					
employer and/or PFSI a reasonable opportunity to act on it. I also accept that a copy of this form is					
as valid as the original.					
New Direct Deposit Setup Changes to Current Direct Deposit					
Primary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)					
Bank Name:					
Name on Bank Account:					
Bank Routing Number:					
Bank Account Number:					
Account Type: 🗆 Checking 🗆 Savings					
Amount: 🗆 Entire Paycheck 🛛 Amount \$					
Pay Balance (if any) to: 🗆 Manual Check 🛛 🗆 Secondary Account					
Secondary Account: (Attach Voided Check, Deposit Slip or Account Verification Letter)					
Bank Name:					

Name on Bank Account:	
Bank Routing Number:	
Bank Account Number:	

Account Type:	Checking	Savings

Amount:
□ Remaining Paycheck

A VOIDED CHECK, DEPOSIT SLIP or ACCOUNT VERIFICATION LETTER IS REQUIRED FOR THE ABOVE ACCOUNT(S). DIRECT DEPOSIT WILL NOT BE SETUP WITHOUT THEM!

(Copies of a voided check, deposit slip or verification are acceptable)

Signature of Employee/Contractor: _____

Date: _____

To submit this form, please fax it to: 800.230.5687 or 303.444.6124, ATTN: Payroll Dept.