

Automatic Payroll Processing

Please process _____ payroll automatically.
(Company Name)

Signature: _____ Date: _____

1. My payroll is processed:

Weekly: _____ Bi-weekly: _____ Semi-monthly: _____ Monthly: _____ Qtrly: _____ Annual: _____

2. My payroll check date(s):

Date: _____ or Day: M - T - W - T - F - S - S

3. Process my automatic payroll:

- ☐ 5 days before my check date
- ☐ 3 days before my check date
- ☐ On specific day before check date: M - T - W - T - F
- ☐ On a specific date: _____
- ☐ Other: _____

4. Employee Information:

- Emp #: _____ Name: _____
Hours/Salary: _____
- Emp #: _____ Name: _____
Hours/Salary: _____
- Emp #: _____ Name: _____
Hours/Salary: _____

Company Name: _____

5. Additional Employee Information if needed:

▪ Emp #: _____ Name: _____

Hours/Salary: _____

▪ Emp #: _____ Name: _____

Hours/Salary: _____

▪ Emp #: _____ Name: _____

Hours/Salary: _____

▪ Emp #: _____ Name: _____

Hours/Salary: _____

▪ Emp #: _____ Name: _____

Hours/Salary: _____

▪ Emp #: _____ Name: _____

Hours/Salary: _____