MS. FLOWER'S
Interpreters & Translators LLC

NEW CONTRACTOR INFORMATION AND AUTHORIZATION FOR PAYMENTS

Contractor Type: ☐ Individual (SS #) ☐ Business (EIN #)

Legal Name: _____

(as appears on your SS card or on your IRS confirmation letter CP575)

PERSONAL OR BUSINESS INFO

Social Security -or- EIN #: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Phone#: _____

EMPLOYMENT DETAILS

Job position: _____ Rate: $ _____ Hire date: _____

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize **Ms. Flower's Interpreters and Translators LLC** to initiate credit entries (direct deposit) and, if necessary, debit entries and adjustments for any credit entries made in error, in accordance with federal and state regulations, at the financial institution listed below.

Bank Institution name: _____

Bank account type: ☐ Checking ☐ Savings

Routing number: _____

Account number: _____

This authorization shall remain in effect until I provide written notice of cancellation or until services are no longer provided to **Ms. Flower's Interpreters & Translators LLC**, whichever occurs first. I understand that I must notify the company immediately of any changes to my bank account information.

Employee authorization signature: **X** _____

EMERGENCY CONTACT

Full Name: _____

Relationship: _____ Phone #: _____

ACKNOWLEDGEMENT FOR PAYROLL INFORMATION ACCURACY

I hereby confirm that I have reviewed the information contained in this document and attest to its accuracy for the purpose of payment processing.

Signature: **X** _____ **Date:** _____