

APPLICATION FOR EMPLOYMENT

The Oaks Country Club does not discriminate in hiring on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status in any other protected group. No questions on this application are intended to be used for such discrimination.



Date _____ Date Available _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Have you ever worked under another name? Yes - No If so, give name _____

Address _____
Number & Street City State Zip Code

Home Phone _____ Cell Phone _____

Position Desired _____ Full time - Part time Wage desired _____

Circle the days you are available - Sunday - Monday - Tuesday - Wednesday - Thursday - Friday - Saturday

Hours available _____ Are you willing to work overtime? _____

- Are you:
- Yes - No - Less than 18 years of age? Email address: _____
 - Yes - No - A previous applicant?
 - Yes - No - A previous employee?
 - Yes - No - Legally eligible to work in the United States?
 - Yes - No - A licensed driver with reliable transportation available to get to and from work?

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?
 Yes - No

Yes - No - Have you ever been convicted of a felony? *

*Conviction will not necessarily disqualify the applicant from employment.

Source of referral:

Advertisement: Name of publication _____

Employee: Name of employee _____

Other: _____

Education and Fields

	Name of School	Did You Graduate?	Years Completed	Degree or Certification
High School / GED				
College				
College				
Trade or Business School				
Military				

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.

EMPLOYMENT RECORD

Present/Last Employer _____

Address _____ City _____ *Type of Business*
Phone _____

Start Date _____ Leave Date _____ Salary _____

Reason for leaving _____

Job Title _____ Supervisor _____ Title _____

Description of job duties:

Present/Last Employer _____

Address _____ City _____ *Type of Business*
Phone _____

Start Date _____ Leave Date _____ Salary _____

Reason for leaving _____

Job Title _____ Supervisor _____ Title _____

Description of job duties:

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Applicant _____
Primary Phone Number _____ Cell Phone Number _____

Name _____ Relationship to Applicant _____
Primary Phone Number _____ Cell Phone Number _____

ACKNOWLEDGMENT AND CONSENT

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application may disqualify me from further consideration for employment or may result in termination if discovered at a later date. I hereby give my permission to the Oaks or its agent to verify at any time, information pertaining to my application for employment, including, but not limited to, felony, credit and driving records, and authorize persons, schools, current and previous employers and organizations to confidentially provide pertinent information which may be requested. In the event of my employment, I acknowledge that it may be necessary for the Oaks to conduct workplace investigations and obtain consumer reports or investigative consumer reports during my employment, and I hereby consent to the same. I hereby consent to having the Oaks contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy or any similar cause against anyone contacted as a result of what he or she may say about me.

I agree in the event and in consideration of my employment, to conform to all procedures and policies of the Oaks. I understand that in the event I am employed by the Oaks, any employment is at will and can be terminated for any or no reason at any time at the discretion of either the Oaks or myself. I understand that no express or implied promise or guarantee to the contrary with regard to duration or terms of employment, wages or benefits is binding upon the Oaks unless made in writing and duly executed by the Oaks resident and is clearly identified as an employment contract or employment agreement.

I fully understand that my refusal to sign this form shall eliminate me from consideration for employment with the Oaks.

Applicant _____ Date _____

For Management Only

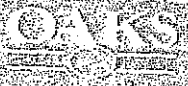
Position Hired _____ Department _____

Hire Date _____

Full Time _____ Part Time _____ Seasonal _____ Rehire _____

Rate of Pay _____

Manager Signature _____ Date _____



Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial			Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					7
Employee's signature (This form is not valid unless you sign it.)					Date
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself A _____

B Enter "1" if you will file as married filing jointly B _____

C Enter "1" if you will file as head of household C _____

D Enter "1" if:
 • You're single, or married filing separately, and have only one job; or
 • You're married filing jointly, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. D _____

E Child tax credit. See Pub. 972, Child Tax Credit, for more information. E _____

- If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
- If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
- If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
- If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"

F Credit for other dependents. F _____

- If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
- If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
- If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-"

G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here G _____

H Add lines A through G and enter the total here H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1 Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details 1 \$ _____

2 Enter:
 \$24,000 if you're married filing jointly or qualifying widow(er)
 \$18,000 if you're head of household
 \$12,000 if you're single or married filing separately 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items). 4 \$ _____

5 Add lines 3 and 4 and enter the total 5 \$ _____

6 Enter an estimate of your 2018 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ _____

8 Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H above 9 _____

10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

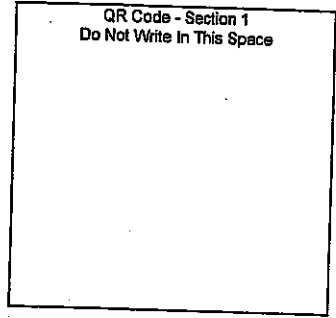
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* _____
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

- 1. Alien Registration Number/USCIS Number: _____
OR
- 2. Form I-94 Admission Number: _____
OR
- 3. Foreign Passport Number: _____
 Country of Issuance: _____



Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Remember to include your two (2) forms of ID

See next page for Acceptable documents.

Thank you.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Remember, the Internet is public space. Use good judgment.

Oaks Country Club Social Networking Policy



Social Media offers the opportunity for people to gather in online communities of shared interest and create, share and consume content. Globally, the interest and participation in social media is growing at phenomenal rates. This interest also extends to corporations and private businesses that are recognizing that social media offers new opportunities to engage in conversations with customers and members and other communities with shared interest. The Oaks Country Club embraces social media as an important tool of corporate and business engagement. The Oaks Country Club appreciates the value in using social media to build more meaningful relationships with members, communities and other relevant relationships.

Social Media tools to include:

- Social networking sites such as Facebook, Instagram, Twitter, YouTube
- Video and photo-sharing website,
- Micro blogging sites such as Twitter,
- Forums and discussion boards or threads such as Yahoo! Groups, or Google Groups,
- *Any other websites that allow individual users or companies to use simple publishing tools.*

The Oaks' Country Club Media Policy applies to the rules and guidelines in the Oaks Employee Handbook when:

1. An employee is authorized and accredited to represent the Oaks Country Club on social media platforms and are using social media for business purposes.
2. An employee chooses to make reference to the Oaks Country Club, its employees, its members, its services and/or any other business related individuals or organizations when you are using a social media platform even in a personal capacity.
3. The Oaks Country Club Social Media Policy does not apply to personal use of social relationships stated in policy 2).

Breach of the Oaks Country Club Social Media Policy

As in the case with all of the Oaks Country Club policies as stated in the Oaks Country Club Employee Handbook, if you do not comply with the Oaks Country Club Social Media Policy.

1. You may face disciplinary action under the Oaks Country Club Employee Handbook.
2. The Oaks Country Club may recover from you any cost incurred as a result of a breach of Oaks Country Club policies.
3. If you break the law, you may face prosecution under local or federal law, or be held personally liable against civil prosecution.

The Oaks Country Club guidelines and things to remember when posting on social media:

We cannot begin to cover all aspects of the changing nature in technology, or benefits or long term harm that it may cause. All staff is encouraged to use the following guidelines when using online social and private networking sites:

1. Remember that the internet is not anonymous, nor does it forget. Everything written or viewed on the Web can be traced back to its author one way or another. Information is backed up often and repeatedly and posts in one forum are usually replicated in others through trackbacks and reposts.
2. There is no clear line between your work life and your personal life. Always be honest and respectful in both capacities. Always write as if everyone knows you. Never write anything that you wouldn't say out loud to all parties involved.
3. Social sites can be a reflection of your character and can cause damage to you or those you network with. Never link your site to someone that may cause damage to your character by association.
4. Keep Confidentiality. Do not post any confidential or proprietary information in regards to the Club or its members and co-workers.
5. Do not return fire. If a negative post or comment is found online about the Club or yourself, do not counter with another negative post. Instead, remedy the situation through positive action. Seek help from the Club or managing body in defusing these types of situations.

Employees who violate The Oaks Country Club Social Networking Policy will be subject to disciplinary action, up to and including termination of employment.

Employee Signature _____ Date _____



Video Surveillance Policy



Acknowledgement, Consent and Release

I acknowledge that I have received a copy of Oaks Country Club Company's updated policies and handbook, and that I have been given the opportunity to read and ask any questions that I might have about the same, and that by signing this acknowledgement, I agree to adhere to the policies as a condition of my employment and/or continuing employment with Oaks Country Club. I understand and agree that in acknowledging and signing this form, no contract of employment is hereby created, and further understand that no promise or guarantee of employment for any particular term is hereby made. I also acknowledge that I am an employee-at-will and that either I or Oaks Country Club may end the employment relationship at any time, with or without notice or cause. I further acknowledge that my failure to adhere to these policies may subject me to disciplinary action, up to and possibly including immediate termination without notice.

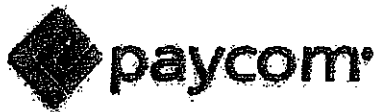
In accordance with Oaks Country Club's policy regarding searches, I understand that all desks, storage areas, lockers and all vehicles owned, financed, or leased by Oaks Country Club or used by Oaks Country Club to transport employees, goods, and/or products are subject to search at any time without my knowledge, presence, or permission. With the exception of my personal vehicle, I understand I am prohibited from locking or otherwise securing any such desk, storage area, locker, or vehicle with any lock or locking device not supplied or approved by Oaks Country Club. If I use my own lock on any such item, I agree to give my supervisor a copy of the key or combination to the lock so that the company may open the lock at any time that it may deem such action necessary. In the event that a search of my personal vehicle becomes necessary, I agree to allow personnel designated by Oaks Country Club to conduct such a search at any time the company may direct during my duty shift.

I further understand that in order to promote the safety of employees and company visitors, as well as the security of its facilities, Oaks Country Club may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, showers and dressing rooms, and that video cameras will be positioned in appropriate places within and around dressing rooms, and that video cameras will be positioned in appropriate places within and around Oaks Country Club buildings and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance at any time the company may choose.

Employee

Date

Employee's Name Printed



Direct Deposit Authorization and Agreement

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests Paycom Payroll, LLC ("Paycom") to make credits and/or debits from time to time in the account(s) identified below and authorizes the bank and any other financial institution to process such credits and/or debits. It is agreed that these credits and/or debits may be made electronically and under the Rules of the National Automated Clearing House Association (NACHA). It is agreed that Paycom is only responsible for the direct deposit of funds actually received, maintained and retained from employee's employer, hereafter referred to as the "employer." Employer's instructions to Paycom and employer's use of Paycom's services shall not violate the NACHA rules or the laws of the United States.

NSF's or Employer Withdrawals: In the event Paycom fails to receive and retain funds from the employer or in the event funds are withdrawn from Paycom's account by reason of insufficient funds, reversal, failure to authorize or otherwise, the undersigned employee hereby authorizes Paycom to reverse or withdraw funds from employee's bank account(s) designated below or any other bank utilized by employee as reimbursement to Paycom. In any such event, employee shall be liable to Paycom for all amounts paid to employee by Paycom, which have not been actually paid to and received by Paycom (and not in any way reversed) from employee's employer. Employee agrees to be liable for and to reimburse Paycom for any amounts Paycom credits to employee's account that are not actually received and retained by Paycom from employer. Employee hereby agrees that Paycom is not his/her employer but instead a mere intermediary and that in the event the employer fails to fully fund its payroll obligations, employee shall be liable to Paycom for any amounts Paycom credited from Paycom's accounts to employee's account. Employee agrees that Paycom reserves the right to reverse direct deposit of funds paid in error. It is the employee's responsibility to verify funds deposited into such account(s) before performing transactions on those funds. Under no circumstances shall Paycom be responsible for insufficient funds charges or any other charges posted to employee's account(s). By signing below, Employee agrees to the above terms. Employee further agrees to any Paycom Terms of Use for Direct Deposit Services, as they may be amended from time to time. In the event employee does not agree to the above terms, employee should not sign this Agreement and should elect to be paid through ordinary check instead of using Paycom's direct deposit feature.

Complete this form Only If you want Direct Deposit

**IMPORTANT - ** Attach A VOID Check
or a Depositor Authorization Form From Your Bank**

Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one)	Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one)
Acct # _____	Acct # _____
ACH Routing # / _____	ACH Routing # / _____
Dollar Amount or Percentage _____	Dollar Amount or Percentage _____
Bank Name _____	Bank Name _____

Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one)	Additional Account - <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (Check one)
Acct # _____	Acct # _____
ACH Routing # / _____	ACH Routing # / _____
Dollar Amount or Percentage _____	Dollar Amount or Percentage _____
Bank Name _____	Bank Name _____

Employee Name _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Complete this form Only If you want Direct Deposit