

Bonus Payroll Request Form

To help us accurately process your Bonus payroll, please complete this form and fax to (952) 223-6138 or e-mail the completed form to your dedicated account manager

Check Date: / Number of Employees to be Paid:					
Direct Deposit:	YES*	NO			
* (If yes, payroll will ne	ed to be proces	sed by to 2pm, 2 busine	ess days prior to	the check date)	
Amount Provided:	GROSS (Prior to Deducting Taxes)		NET (Amount employee is to Receive)		
Other than Social Secu	rity and Medic	are Taxes, please selec	t any additiona	I deductions to be tal	ken:
Federal Income	Tax				
State Income Ta	ах				
401k					
Health/Dental/	Vision				
Other (Please S	pecify)		-		
Should the employee h	have access to	view this Bonus pay stı	ub online?	YES NO	
If you have any additio	nal instructions	or requests for your b	onus payroll, ple	ease enter them belov	w:
Your Company Name:					
Your Name:					
Phone Number:					

ATTENTION: If the total direct deposit amount of your Bonus payroll exceeds \$500,000.00 or if any one individual direct deposit amount exceeds \$100,000.00 you must send a wire transfer to fund your payroll. Please contact your dedicated Account Manger for wire transfer instructions.