



PAYSTUB REQUEST FORM

ATT : PLEASE FILL IN REQUIREMENTS IN RED & *

AGENT INFORMATION

Agent Name *

Agent Email *

Agent Mobile # (Optional)

ORDER DETAIL

Date of Request * (YYYY - MM - DD)

Type of Order *

Paystubs (In-House Design)

Paystubs (Custom Design)

Delivery Speed *

Regular

RUSH

CLIENT INFORMATION

Client Full Name *

Client First Name *

Client Middle Name

Client Last Name *

Client Gender *

Male

Female

Client D.O.B * (YYYY - MM - DD)

Client S.I.N * (XXX - XXX - XXX)

Client Address (Current) *

CLIENT EMPLOYMENT INFORMATION (CURRENT)

Client Company Name *

Client Company Address *

Company Letterhead / Logo (If available - Please Upload or Send Email)

Employee's Position (Optional)

Employee's ID (Optional)

Employee's Working Start Date * (YYYY - -MM - -DD)

Numbers of Paystubs Request *

Employment Type *

Full-Time

Part-Time

Salary Type *

Annual

Hourly

Salary Amount \$ *

\$ /Year

\$ /Hour

How Many Hours A Week *

Payment Frequency *

Monthly

Semi-Monthly

Bi-Weekly

Payment Type *

By Cheque

By Direct Deposit

Last 4 Digits of Bank Account # (Optional)

Pay Out Day

Thursday

Friday

Others

Payroll Period (Optional)

Date of Pay Day Request (Optional) (YYYY - -MM - -DD)

Special Design Request (Optional - Please Upload or Send Email if Available)

ADDITIONAL INFORMATION

Additional Notes (Any Special Note or Instructions)

PLEASE FILL & SIGN THE ABOVE FORM, SUBMIT ALONG WITH 2 IDS AT WWW.DOCS4U.NET