



## 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)

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Employee's Position (Optional)

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Employee's ID (Optional)

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

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Numbers of Paystubs Request \*

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Employment Type \*

Full-Time

Part-Time

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Salary Type \*

Annual

Hourly

---

Salary Amount \$ \*

\$ /Year

\$ /Hour

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How Many Hours A Week \*

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Payment Frequency \*

Monthly

Semi-Monthly

Bi-Weekly

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Payment Type \*

By Cheque

By Direct Deposit

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Last 4 Digits of Bank Account # (Optional)

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Pay Out Day

Thursday

Friday

Others

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Payroll Period (Optional)

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

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

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## ADDITIONAL INFORMATION

Additional Notes (Any Special Note or Instructions)

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PLEASE FILL & SIGN THE ABOVE FORM, SUBMIT ALONG WITH 2 IDS AT [WWW.DIMEHUB.NET](http://WWW.DIMEHUB.NET)