

Electronic Paystub Disclosure

Employee Name: _____

On December 21, 2010, Michigan adopted modifications to the Payment of Wages and Fringe Benefits Act that allows employers to mandate direct deposit for all employees. This acknowledgement is to make you aware that your pay stubs will be accessible for you to save and print electronically either by email or online.

By signing this form, I acknowledge the following:

- I will no longer receive a paper pay stub
- The information normally contained on a pay stub will be obtained electronically by email or online
- It is my responsibility to view and verify the payroll information on my pay stubs
- It is my responsibility to update my address, email and cell number
- It is also my responsibility to print and save my pay stubs for my records

Please provide your

Email Address: _____

Cell Phone: _____

Birthdate: _____

Employee Signature: _____ Date: _____