



FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Web Payroll Registration

Employee

**This form should only be completed by employees
whose employer participates in the FFEL Web Payroll Program**

Company Information

Company ID:

Company Name:

Employee Name:

Employee Social Security Number:

Company Contact:

Contact Phone Number:

Employee Email Address (Required):

Login Information

User Name:

Password:

User name and password must each be between 4-10 characters

Comments

*Signature of authorized company agent required

Authorization

Authorized Name:

Authorized Signature:

Date:

PLEASE FAX TO YOUR PAYROLL PROCESSOR