



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.**

**Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.**

Last Name (Family Name) <b>Todd</b>		First Name (Given Name) <b>Wyatt</b>		Middle Initial (if any) <b>G</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>1787 Barron/Polk St.</b>			Apt. Number (if any)	City or Town <b>Turtle Lake</b>	State <b>WI</b>	ZIP Code <b>54889</b>
Date of Birth (mm/dd/yyyy) <b>01-31-2008</b>		U.S. Social Security Number <b>396-29-9094</b>		Employee's Email Address		Employee's Telephone Number <b>715-419-4240</b>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 2.

**Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.**

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information:				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

**Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.**

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire.

## Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

### SECTION 1 BASIC INFORMATION

Employee Name \_\_\_\_\_ SSN# (last 4 digits) 396-29-9094 Effective Date: \_\_\_\_\_

### SECTION 2 ELECTRONIC PAY OPTIONS

- Direct Deposit (Please complete Sections 3 and 5 below) Note: Direct Deposit accounts may take up to 7 days to be activated.
- Payroll Debit Card (Please complete Sections 4 and 5 below)
- Paper Check (Option available to GA, NH, and NY residents only)

### SECTION 3 DIRECT DEPOSIT ACCOUNT

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

\_\_\_\_\_  
(Initial)

Date: \_\_\_\_\_

Bank Name: Westconsin Credit Union

Routing#: 291990599

Account#: 792485

Account Type:      Checking      -or-      Savings

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

# PAYCHEX

## Direct Deposit Enrollment/Change Form\*

Company Name and/or Client Number Comstock Cheese LLC

Employee/Worker Name Wyatt G Todd Employee/Worker Number \_\_\_\_\_

Employee/Worker: Retain a copy of this form for your records. Return the original to your employer/company.

Employer/Company: Please retain a copy of this document for your records.

**COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY**

<input checked="" type="checkbox"/> Add new	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type of Account	Checking	<input checked="" type="checkbox"/> Savings	Account holder's Name: <u>Wyatt G Todd</u>
Routing/Transit Number	<u>2 9 1 8 8 0 9 8 9</u>		
Checking/Savings Account Number**	<u>7 8 2 4 8 5</u> <input type="checkbox"/>		
Financial Institution ("Bank") Name	<u>Westconsin Credit Union</u>		
I wish to deposit (check one):	<input type="checkbox"/> % of Net	Specific Dollar Amount \$ _____ .00	Remainder of Net Pay

<input type="checkbox"/> Add new	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="checkbox"/>		
Checking/Savings Account Number**	<input type="checkbox"/>		
Financial Institution ("Bank") Name			
I wish to deposit (check one):	<input type="checkbox"/> % of Net	Specific Dollar Amount \$ _____ .00	Remainder of Net Pay

<input type="checkbox"/> Add new	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="checkbox"/>		
Checking/Savings Account Number**	<input type="checkbox"/>		
Financial Institution ("Bank") Name			
I wish to deposit (check one):	<input type="checkbox"/> % of Net	Specific Dollar Amount \$ _____ .00	Remainder of Net Pay

**CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY**

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

Employee/Worker Signature: [Signature] Date: 7-24-23  
MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: \_\_\_\_\_  
Employer/Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YY

\* All fields are required except Employee/Worker Number.  
\*\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.  
Note: Digital or Electronic Signatures are not acceptable.