

Payroll Self Service Enrollment Form

Payroll Number: _____

Name: _____

Please Mail This Form To:

Pacific Maritime Association
Attn: Longshore Payroll Services
555 Market St., 3rd Floor
San Francisco, CA 94105

Current Mailing Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Please complete the box below by providing the email address you wish to have your password sent to once we have activated your logon account. After you have logged on, you can change your password and email address at any time.

The email address to send my password to is:

With the ability to view your payroll checks online, you may prefer to discontinue our sending earnings statements through the U.S. Mail as we do today. You can either sign up for this feature online under your user preferences, or you can sign up for this feature here:

Initial this Box if you want PMA to STOP mailing your printed statements:
(Only available for those on 100 Percent Direct Deposit)

By signing below, I am authorizing Pacific Maritime Association to establish an Internet Log in Identification and Password for myself and email my password to the email address provided on this form:

(Signature): _____ Date: _____

For PMA Use Only:

ID Verified By (Print Name): _____

ID Verified By (Signature): _____ Date: _____