

Paychex Use Only	
Client Number	_____
Worker Number	_____
PRS	_____
Date	_____
Verified By	_____

PAYCHEX

Direct Deposit/Access Card Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit, Access Card, or both sections to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.

WORKER - Required Information	
<i>PLEASE PRINT</i>	
Worker Name	_____
Social Security Number	____ - ____ - _____

EMPLOYER - Required Information	
<i>PLEASE PRINT</i>	
Company Name	_____
Office/Client Number	____ / _____
Federal ID Number	____ - _____

Complete for DIRECT DEPOSIT			
I authorize my employer to deposit my wages/salary to the following bank account(s):			
Bank Account #1	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Account #2
Bank Name _____			Bank Name _____
I wish to deposit (check one):			I wish to deposit (check one):
<input type="checkbox"/> Entire Net Pay			<input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> _____ % of Net			<input type="checkbox"/> _____ % of Net
<input type="checkbox"/> Specific Dollar Amount \$ _____ .00			<input type="checkbox"/> Specific Dollar Amount \$ _____ .00
Please attach one of the following (check one):			Please attach one of the following (check one):
<input type="checkbox"/> Voided check (deposit slips are not accepted)			<input type="checkbox"/> Voided check (deposit slips are not accepted)
<input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small>			<input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small>

Complete for ACCESS CARD	
I authorize my employer to deposit my wages/salary to an Access Card account. I agree to the terms and conditions of the Paychex Access Card Program including the \$2.00 monthly maintenance fee, the \$1.50 per ATM withdrawal fee, the \$3.00 over-the-counter cash advance fee, and the \$15.00 lost or stolen card replacement fee.	
I wish to deposit (check one):	
<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> _____ % of Net
	<input type="checkbox"/> Specific Dollar Amount \$ _____ .00
Please print the address where the Access Card statements should be mailed.	
Street Address _____	Apt. # _____ City _____ State _____ Zip _____
Home Phone No. (_____) _____ - _____	Date of Birth ____ / ____ / ____
Mother's Maiden Name _____	
<input type="checkbox"/> Additional Card Requested.	
Additional Cardholder Name _____	
Additional Cardholder Social Security No. _____ - _____ - _____	

Worker Signature _____ Date ____ / ____ / ____

Return this original form to your employer.