

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

# PAYCHEX<sup>®</sup>

## 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.\*  
\* See below for acceptable bank account documentation. Deposit slips are not accepted.

WORKER - Required Information	
PLEASE PRINT	
Worker Name	_____

EMPLOYER - Required Information	
PLEASE PRINT	
Company Name	_____
Office/Client Number	_____
Federal ID Number	_____

Complete for DIRECT DEPOSIT and Sign Below			
I authorize my employer to deposit my wages/salary to the following bank account(s):			
<b>Bank Account #1</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<b>Bank Account #2</b>
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*		<input type="checkbox"/> Bank letter or specification sheet*	
<small>*See your local bank representative.</small>		<small>*See your local bank representative.</small>	

Complete for ACCESS CARD and Sign Below	
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. ( _____ ) _____	
<b>Please also complete corresponding sections on page 2</b>	

Worker Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature \_\_\_\_\_  
(If worker doesn't have authority to authorize deposits to the accountholder's account.)