

PAYCHEX[®]

Direct Deposit Signup/Change Form

WORKER – REQUIRED INFORMATION	
PLEASE PRINT	
Worker Name	_____
Last four digits of Social Security Number	_____

WORKERS: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT				
Bank Account Number*	Type of Account	Bank Name	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Chase Pay Card Plus	If Chase Pay Card Plus, fill out attached application.	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Chase Pay Card Plus		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

WORKER CONFIRMATION STATEMENT	
I authorize my employer to deposit my wages/salary into the bank accounts specified above. 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 to make direct deposits into the named account.	
Worker Signature _____	Date _____
Accountholder Signature _____ (if worker's name does not appear on bank documentation)	

EMPLOYER SECTION ONLY	
PLEASE PRINT	
Company Name	_____
Service Location/Client Number	_____
Federal ID Number (last 4 digits)	_____
If bank documentation provided is different from what is listed above, the following must be completed by the employer: I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.	
Employer Signature _____	Date _____

Paychex Use Only	
Worker # _____	Time & Date _____
PRS _____	Contact _____
Verified By _____	CSS _____
Scanning instructions are located in Paychex Procedures.	