

Paychex Use Only

Client Number _____
Worker Number _____
PRS _____
Date _____
Verified By _____



**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

PLEASE PRINT

Worker Name _____
Social Security Number _____ - _____ - _____

EMPLOYER - Required Information

PLEASE PRINT

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 Checking Savings
Bank Name _____

Bank Account #2 Checking Savings
Bank Name _____

I wish to deposit (check one):

- Entire Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

I wish to deposit (check one):

- Entire Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

- Voided check (deposit slips are not accepted)
- Bank letter or specification sheet*
*See your local bank representative.

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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):

- Entire Net Pay _____ % of Net 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 _____

Additional Card Requested.

Additional Cardholder Name _____

Additional Cardholder Social Security No. _____ - _____ - _____

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.)