

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

PAYCHEX®

Direct Deposit/Access Card Employee Signup Form

Employee Instructions:

1. Complete the "Employee 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. Return the original to your employer.

Employer Instructions:

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

EMPLOYEE – Required Information	
<i>PLEASE PRINT</i>	
Employee Name	_____
Social Security Number	____ / ____ / _____

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

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):					
Bank Account #1	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Account #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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

I would like my wages/salary deposited 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	_____
Home Phone No. (_____)	_____ - _____	Date of Birth	____ / ____ / ____	Zip	_____
Mother's Maiden Name	_____				
<input type="checkbox"/> Additional Card Requested.					
Additional Card Holder Name	_____				
Additional Card Holder Social Security No.	____ / ____ / _____				

Employee Signature _____ Date ____ / ____ / ____

Return this original form to your employer.