

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

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 _____

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.

Bank Account #2 ☐ Checking ☐ Savings

Bank Name _____

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.

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** ____ / ____ / ____**Return this original form to your employer.**