

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	
<i>PLEASE PRINT</i>	
Worker Name	_____
Social Security Number	____ - ____ - _____

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

### Complete for DIRECT DEPOSIT

<p>I authorize my employer to deposit my wages/salary to the following bank account(s):</p>	
<p><b>Bank Account #1</b>    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p> <p>Bank Name _____</p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Entire Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small></p>	<p><b>Bank Account #2</b>    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p> <p>Bank Name _____</p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Entire Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small></p>

### Complete for ACCESS CARD

<p>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.</p>	
<p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Entire Net Pay    <input type="checkbox"/> _____ % of Net    <input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p>	
<p>Please print the address where the Access Card statements should be mailed.</p> <p>Street Address _____ Apt. # _____ City _____ State _____ Zip _____</p> <p>Home Phone No. ( _____ ) _____ - _____ Date of Birth ____ / ____ / ____</p> <p>Mother's Maiden Name _____</p> <p><input type="checkbox"/> Additional Card Requested.</p> <p>Additional Cardholder Name _____</p> <p>Additional Cardholder Social Security No. _____ - _____ - _____</p>	

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

Return this original form to your employer.