

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	
PLEASE PRINT	
Employee Name	_____
Social Security Number	____ / ____ / _____

EMPLOYER - Required Information	
PLEASE PRINT	
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 Name _____ 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 attach one of the following (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small>	Bank Account #2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____ 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 attach one of the following (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <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 _____ Zip _____ Home Phone No. (_____) _____ - _____ Date of Birth ____ / ____ / ____ 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.