



Employee Direct Deposit/Access Card Bank Account Initiation/Change Form

This form is to be used for employees new to the Direct Deposit service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit 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 No. ____ / ____ / ____	
<input type="checkbox"/> New or Additional Account	<input type="checkbox"/> Change Account

EMPLOYER - Required Information	
<i>PLEASE PRINT</i>	
Client Name _____	
Branch/Client No. ____ / ____	
Federal ID No. _____	

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			
<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			
<input type="checkbox"/> Bank letter or specification sheet*			
<small>* See your local bank representative.</small>			

PAYCHEX® Use Only	
Account No. _____	Routing/Transit No. _____

Employee Signature _____ Date ____ / ____ / ____ Return this original form to your employer.