

# PAYCHEX

## Direct Deposit Enrollment/Change Form\*

**Company Name and/or Client Number** \_\_\_\_\_

**Employee/Worker Name** \_\_\_\_\_ **Employee/Worker Number** \_\_\_\_\_

**Employee/Worker:** Retain a copy of this form for your records. Return the original to your employer/company.

**Employer/Company:** Please retain a copy of this document for your records.

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

<b>Add new</b>	<b>Update existing account</b>	<b>Replace existing account</b>	<b>Last 4 digits of the existing account number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Type of Account</b>	Checking	Savings	<b>Account holder's Name:</b>
<b>Routing/Transit Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Checking/Savings Account Number**</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Financial Institution ("Bank") Name</b>			
<b>I wish to deposit (check one):</b> _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay			

<b>Add new</b>	<b>Update existing account</b>	<b>Replace existing account</b>	<b>Last 4 digits of the existing account number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Type of Account</b>	Checking	Savings	<b>Account holder's Name:</b>
<b>Routing/Transit Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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<b>Financial Institution ("Bank") Name</b>			
<b>I wish to deposit (check one):</b> _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay			

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<b>Type of Account</b>	Checking	Savings	<b>Account holder's Name:</b>
<b>Routing/Transit Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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<b>Financial Institution ("Bank") Name</b>			
<b>I wish to deposit (check one):</b> _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay			

### CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

**Employee/Worker Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

**Employer/Company Representative Printed Name:** \_\_\_\_\_  
**Employer/Company Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

\* All fields are required except Employee/Worker Number.

\*\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**Note:**Digital or Electronic Signatures are not acceptable.