



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

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:	
Routing/Transit Number <input type="text"/>				
Checking/Savings Account Number** <input type="text"/>				
Financial Institution ("Bank") Name				
I wish to deposit (check one):		% of Net	Specific Dollar Amount \$.00
Remainder of Net Pay				
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:	
Routing/Transit Number <input type="text"/>				
Checking/Savings Account Number** <input type="text"/>				
Financial Institution ("Bank") Name				
I wish to deposit (check one):		% of Net	Specific Dollar Amount \$.00
Remainder of Net Pay				
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:	
Routing/Transit Number <input type="text"/>				
Checking/Savings Account Number** <input type="text"/>				
Financial Institution ("Bank") Name				
I wish to deposit (check one):		% of Net	Specific Dollar Amount \$.00
Remainder of Net Pay				
CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY				
<p>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 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.</p>				
Employee/Worker Signature _____			Date:	MM/DD/YY
<p>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.</p>				
Employer/Company Representative Printed Name: _____				
Employer/Company Representative Signature: _____			Date:	MM/DD/YY
<small>* All fields are required except Employee/Worker Number.</small>				
<small>** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.</small>				
<small>Note: Digital or Electronic Signatures are not acceptable.</small>				