



Direct Deposit Enrollment/Change Form

Company Name _____ 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.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

| Type of Account | Bank Account Number* | Routing/Transit Number | Financial Institution ("Bank") Name | I wish to deposit (check one): |
|---|----------------------|------------------------|-------------------------------------|--|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay |

One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)
☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

☐ Other Bank Documentation – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature: _____ **Date** _____

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

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

| Bank Account Number* | Routing/Transit Number | Financial Institution ("Bank") Name | Change My Deposit Amount to: |
|----------------------|------------------------|-------------------------------------|--|
| | | | <input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay |
| | | | <input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay |

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. 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 to make direct deposits into the named account.

 **Employee/Worker Signature** _____ **Date** _____

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