



## Direct Deposit Enrollment/Change Form\*

Company Name and/or Client Number Avco Consulting Inc

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

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Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 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 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: Vijay Nalamada

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.