

Paychex Use Only

Client Number _____
Worker Number _____
PRS _____
Date _____
Verified By _____



**Direct Deposit/Access Card
Signup Form**

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit, Access Card, or both sections to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
 2. Return this form to your local Paychex office.*
- * See below for acceptable bank account documentation. **Deposit slips are not accepted.**

WORKER - Required Information

PLEASE PRINT

Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER - Required Information

PLEASE PRINT

Company Name _____
Office/Client Number _____
Federal ID Number _____

Complete for DIRECT DEPOSIT and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1 Checking Savings
Bank Name _____

Bank Account #2 Checking Savings
Bank Name _____

I wish to deposit (check one):

- Entire Net Pay
 _____ % of Net
 Specific Dollar Amount \$ _____ .00

I wish to deposit (check one):

- Entire Net Pay
 _____ % of Net
 Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

- Voided check (**deposit slips are not accepted**)
 Bank letter or specification sheet*
*See your local bank representative.

Please attach one of the following (check one):

- Voided check (**deposit slips are not accepted**)
 Bank letter or specification sheet*
*See your local bank representative.

Complete for ACCESS CARD and Sign Below

I authorize my employer to deposit my wages/salary to an Access Card account. I agree to the terms and conditions of the Paychex Access Card Program including the \$2.00 monthly maintenance fee, the \$1.50 per ATM withdrawal fee, the \$3.00 over-the-counter cash advance fee, and the \$15.00 lost or stolen card replacement fee.

I wish to deposit (check one):

- Entire Net Pay _____ % of Net Specific Dollar Amount \$ _____ .00

Please print the address where the Access Card statements should be mailed.

Street Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone No. (_____) _____ - _____

Please also complete corresponding sections on page 2

Worker Signature _____ **Date** ____/____/____

By signing above, 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.

Accountholder Signature _____

(If worker doesn't have authority to authorize deposits to the accountholder's account.)

WORKER – Required Information

PLEASE PRINT

Worker Name _____

EMPLOYER – Required Information

PLEASE PRINT

Company Name _____

Office/Client Number _____

Complete for ACCESS CARD

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____

Mother's Maiden Name _____

Additional Card Requested.

Additional Cardholder Name _____

Additional Cardholder Social Security No. _____ - _____ - _____

Due to the sensitive nature of this information, this page should be scanned in WebORS under the following secure site location: Report Category – Scanned Documents, Reports – Access Card Scanned Document.