

Paychex Use Only	
Client Account Number _____	Date _____
Worker Number _____	Time _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____

Scanning instructions are located in Paychex Procedures.

# PAYCHEX<sup>®</sup>

## Direct Deposit Signup Form

### Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section 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 documentation.

WORKER - Required Information
<i>PLEASE PRINT</i>
Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER - Required Information
<i>PLEASE PRINT</i>
Company Name _____
Service Location/Client Acct. 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):**

<p><b>Bank Account #1</b></p> <p><input type="checkbox"/> <b>Checking</b> Bank Name _____</p> <p><input type="checkbox"/> <b>Savings</b> Bank Name _____</p> <p><input type="checkbox"/> <b>Chase Pay Card Plus</b> <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p><b>I wish to deposit (check one):</b></p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p><b>Please attach one of the following for Checking or Savings accounts (check one):</b></p> <p><input type="checkbox"/> Voided check with name imprinted (no starter checks)</p> <p><input type="checkbox"/> Deposit slip (<u>only</u> accepted if the verbiage "ACH R/T" appears before the routing number)</p> <p><input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative <b>MUST</b> be included)</p>	<p><b>Bank Account #2</b></p> <p><input type="checkbox"/> <b>Checking</b> Bank Name _____</p> <p><input type="checkbox"/> <b>Savings</b> Bank Name _____</p> <p><input type="checkbox"/> <b>Chase Pay Card Plus</b> <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p><b>I wish to deposit (check one):</b></p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p><b>Please attach one of the following for Checking or Savings accounts (check one):</b></p> <p><input type="checkbox"/> Voided check with name imprinted (no starter checks)</p> <p><input type="checkbox"/> Deposit slip (<u>only</u> accepted if the verbiage "ACH R/T" appears before the routing number)</p> <p><input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative <b>MUST</b> be included)</p>
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### Employer Section Only

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

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

Employer Signature \_\_\_\_\_

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.)