

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

Scanning instructions are located in Paychex Procedures.

PAYCHEX

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
PLEASE PRINT
Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER - Required Information
PLEASE PRINT
Company Name _____
Service Location/Client Number _____
Last four digits of Federal ID Number _____

Complete for Direct Deposit and Sign Below

Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account. I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1

- Checking**
Bank Name _____
- Savings**
Bank Name _____
- Chase Pay Card Plus**
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

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

Please attach one of the following for Checking or Savings accounts (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)

Bank Account #2

- Checking**
Bank Name _____
- Savings**
Bank Name _____
- Chase Pay Card Plus**
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

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

Please attach one of the following for Checking or Savings accounts (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)

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's name does not appear on bank documentation)