

Paychex Use Only	
Client Number	_____
Worker Number	_____
PRS	_____
Date	_____
Verified By	_____

PAYCHEX

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	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Account #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name _____			Bank Name _____		
I wish to deposit (check one)			I wish to deposit (check one)		
<input type="checkbox"/> Entire Net Pay			<input type="checkbox"/> Entire Net Pay		
<input type="checkbox"/> _____ % of Net			<input type="checkbox"/> _____ % of Net		
<input type="checkbox"/> Specific Dollar Amount \$ _____ 00			<input type="checkbox"/> Specific Dollar Amount \$ _____ 00		
Please attach one of the following (check one)			Please attach one of the following (check one)		
<input type="checkbox"/> Voided check (deposit slips are not accepted)			<input type="checkbox"/> Voided check (deposit slips are not accepted)		
<input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative</small>			<input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative</small>		

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):	
<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> _____ % of Net
<input type="checkbox"/> 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 account holder or have the authority of the account holder 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 account holder's account.)

PAYCHEX

**Direct Deposit/Access Card
Signup Form**

WORKER - Required Information

PLEASE PRINT

Worker Name _____

EMPLOYER - Required Information

PLEASE PRINT

Company Name _____

Officer/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.