PAYCHEX[®]

Direct Deposit Enrollment/Change Form

Company Name____

_____ Client Number_

Employee/Worker Name_____ Employee/Worker Number_____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY					
Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name		I wish to deposit (check one):
□ Checking □ Savings					% of Net Specific Dollar Amount \$ 00 Remainder of Net Pay
□ Checking □ Savings					□ % of Net □ Specific Dollar Amount \$.00 □ Remainder of Net Pay
COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY					
Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name		Chang	e My Deposit Amount to:
		[□ From% to% of Net □ From \$00 To \$00 □ Remainder of Net Pay	
				□ From% □ From \$ □ Remainder of N	.00 To \$00
EMPLOYEE/WORKER CONFIRMATION STATEMENT PLEASE SIGN IN BLACK/BLUE INK ONLY I authorize my employer to deposit my wages/salary into the bank accounts specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account(s) allow these transactions. 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 to make direct deposits into the named account.					
Employee/Worker Signature Date					
Note: Digital or Electronic Signatures are not acceptable.					
 One of the following is required to process this enrollment (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) 					
 Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation: I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. 					
Employer Printed Name:					
Employer Signature: Date					
*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.					