## **PAYCHEX**

## **Direct Deposit Enrollment/Change Form\***

Company Name and/or 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/company.
Employer/Company: Please retain a copy of this document for your records.
COMPLETE TO ENDOLL / ADD / CHANCE DANK ACCOUNTS - DI FASE DRINT CI FARI VIN DI ACK/RI LIF INK ONI V
COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY
Add new Update existing account Replace existing account Last 4 digits of the existing account number
Type of Account Checking Savings Account holder's Name:
Routing/Transit Number
Checking/Savings Account Number**
Financial Institution ("Bank") Name
wish to deposit (check one):% of Net Specific Dollar Amount \$00 Remainder of Net Pay
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Checking/Savings Account Number**
Financial Institution ("Bank") Name
wish to deposit (check one):% of Net Specific Dollar Amount \$00 Remainder of Net Pay
CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY
authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically
debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. 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/company make direct deposits into the named account. I understand that this authorization will
emain in full force and effect until I notify Company in writing that I wish to revoke my authorization.I understand that the Company
requires at least 5 business days prior notice to cancel this authorization.
Employee/Worker Signature Date:
confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by
Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that have the authority to execute this document on behalf of the Client.
Employer/Company Representative Printed Name:
Employer/Company Representative Signature: Date:
All fields are required except Employee/Worker Number.
* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.
Note: Digital or Electronic Signatures are not acceptable.