



## Direct Deposit Signup/Change Form

**WORKERS:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to your local Paychex office.

**WORKER - REQUIRED INFORMATION**

*PLEASE PRINT*

Worker Name \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

Bank Account Number	Type of Account	Bank Name	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Chase Pay <input type="checkbox"/> Card Plus	If Chase Pay Card Plus, fill out attached application.	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Chase Pay <input type="checkbox"/> Card Plus	If Chase Pay Card Plus, fill out attached application.	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit

**COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT**

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)

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**WORKER CONFIRMATION STATEMENT**

I authorize my employer to deposit my wages/salary into the bank accounts specified above. 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.

Worker Signature \_\_\_\_\_

Accountholder Signature \_\_\_\_\_

(If worker's name does not appear on bank documentation)

Date \_\_\_\_\_

**EMPLOYER SECTION ONLY**

*PLEASE PRINT*

Company Name \_\_\_\_\_

Service Location/Client Number \_\_\_\_\_

Federal ID Number (last 4 digits) \_\_\_\_\_

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 \_\_\_\_\_

Date \_\_\_\_\_

**Paychex Use Only**

Worker # \_\_\_\_\_

PRS \_\_\_\_\_

Contact \_\_\_\_\_

Verified By \_\_\_\_\_

CSS \_\_\_\_\_

Scanning instructions are located in Paychex Procedures.