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. **Empoyer/Company**: Please retain a copy of this document for your records.

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
I wish to deposit (check one):% of Net Specific Dollar Amount \$00 Remainder of Net Pay
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
I wish to deposit (check one):% of Net Specific Dollar Amount \$00 Remainder of Net Pay
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
I 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
I 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 to make direct deposits into the named account. I understand that this authorization will remain 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:
I 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 I 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.