

**Paychex Use Only**

Client Number \_\_\_\_\_  
Worker Number \_\_\_\_\_  
PRS \_\_\_\_\_  
Date \_\_\_\_\_  
Verified By \_\_\_\_\_



**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**     Checking     Savings  
Bank Name \_\_\_\_\_

**Bank Account #2**     Checking     Savings  
Bank Name \_\_\_\_\_

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_ .00

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_ .00

Please attach one of the following (check one):

- Voided check (**deposit slips are not accepted**)  
 Bank letter or specification sheet\*  
\*See your local bank representative.

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- Voided check (**deposit slips are not accepted**)  
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**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):**

- Entire Net Pay     \_\_\_\_\_ % of Net     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 accountholder or have the authority of the accountholder 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 accountholder's account.)

## WORKER – Required Information

PLEASE PRINT

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

## EMPLOYER – Required Information

PLEASE PRINT

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

Office/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 is not to be scanned and must be stored in a locked client folder.**