PAYCHEX®

Employee Direct Deposit/Access Card Bank Account Initiation/Change Form

This form is to be used for employees new to the Direct Deposit or Access Card service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Instructions:

1. Complete the employee 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. Return the original to your employer.

Employer Instructions:

1. Complete the employer required information section.
2. Return this form to your local Paychex office.

EMPLOYEE - Required Information

PLEASE PRINT

Employee Name_____

Social Security No.___ ___ ____ / ___ ___ / ____ ____ ____

☐ New or Additional Account ☐ Change Account

EMPLOYER - Required Information

PLEASE PRINT

Client Name_____

Branch/Client No. ___ ___ ___ ___ / ___ ___ ___ ___

Federal ID No._____

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):

Bank Account #1 ☐ Checking ☐ Savings

Bank Name_____

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
- ☐ Bank letter or specification sheet*

* *See your local bank representative.*

Bank Account #2 ☐ Checking ☐ Savings

Bank Name_____

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
- ☐ Bank letter or specification sheet*

* *See your local bank representative.*

Complete for ACCESS CARD

I would like my wages/salary deposited to an Access Card account. I agree to the terms and conditions of the Paychex Access Card Program including the $3.00 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.

Preferred Language: ☐ English ☐ Spanish

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.(___) ___ - ____ Date of Birth___ / ___ / ___

Mother's Maiden Name _____

☐ Additional Card Requested. Additional Card Holder Name_____

Additional Card Holder Social Security No.___ ___ ___ / ___ ___ / ___ ___ ___ ___

PAYCHEX® Use Only

Account No._____ Routing/Transit No._____

Employee Signature_____ **Date**__ / __ / __ **Return this original form to your employer.**

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