## **PAYCHEX**<sup>®</sup> 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 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 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: 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.<br>Employer/Company Representative Printed Name:  |
| Employer/Company Representative Signature: Date:  |
| * All fields are required except Employee/Worker Number.<br>** 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.  |