



# 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.

### EMPLOYEE - Required Information

PLEASE PRINT

Employee Name \_\_\_\_\_

New or Additional Account

Change Account

### Employer Instructions:

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

### 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.