

PAYCHEX, INC.
Direct Deposit Enrollment / Change Form*
Note: Digital or Electronic Signatures are not acceptable

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____
(Print Legible First and Last Name)

Employer/Employee: Retain a copy of this form your records

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY																	
Add new account		Update existing account				Replace existing (Account # being replaced)											
Type of Account:		Checking				Savings											
Account Holder's Name:																	
<i>If a Trustee or Custodial for a Minor, please list complete title of account. (Example: John Doe Custodian for Minor Jane Doe)</i>																	
Routing/Transit Number																	
Account Number **																	
Financial Institution ("Bank") Name:																	
Deposit of Pay (select one):				% of net				Specific dollar amount \$.00		Remainder of Net			
Add new account		Update existing account				Replace existing account											
Type of Account:		Checking				Savings											
Account Holder's Name:																	
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Account Number **																	
Financial Institution ("Bank") Name:																	
Deposit of Pay (select one):				% of net				Specific dollar amount \$.00		Remainder of Net			
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:				(MM/DD/YY)	
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/Authorized Company Representative Printed Name:																	
Employer/Authorized Company Representative Signature:												Date:				(MM/DD/YY)	
* All fields are required except Employee/Worker Number.																	
** Certain accounts may have restrictions on deposits and withdrawals. Verify with your bank for more information specific to your account.																	