



Direct Deposit/Access Card Employee Signup Form

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. ____ / ____ / ____

EMPLOYER - Required Information

PLEASE PRINT

Client Name _____

Office/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 _____

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
- Bank letter or specification sheet*

* See your local bank representative.

Please attach one of the following (check one):

- Voided check
- Bank letter or specification sheet*

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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.

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. ____ / ____ / ____

Employee Signature _____

Date ____ / ____ / ____

Return this original form to your employer.