

Paychex Use Only	
Client Number	_____
Worker Number	_____
PRS	_____
Date	_____
Verified By	_____

PAYCHEX[®]

Direct Deposit Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.*
*See below for acceptable bank documentation. **Deposit slips are not accepted.**

WORKER - Required Information	
PLEASE PRINT	
Worker Name	_____
Last four digits of Social Security Number	_____

EMPLOYER - Required Information	
PLEASE PRINT	
Company Name	_____
Office/Client Number	_____
Federal ID Number	_____

Complete for Direct Deposit and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

<p>Bank Account #1</p> <p><input type="checkbox"/> Checking Bank Name _____</p> <p><input type="checkbox"/> Savings Bank Name _____</p> <p><input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following for Checking or Savings accounts (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative</i></p>	<p>Bank Account #2</p> <p><input type="checkbox"/> Checking Bank Name _____</p> <p><input type="checkbox"/> Savings Bank Name _____</p> <p><input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following for Checking or Savings accounts (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative</i></p>
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Worker Signature _____ **Date** ____/____/____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature _____
(If worker doesn't have authority to authorize deposits to the accountholder's account.)