

Direct Deposit Enrollment/Change Form

Company	name		Client Number	
Employee/Worker Name		Employee/Worker Number		
EMPL	OYEE/WORKER	: Retain a copy of this form for	or your records. Return the	original to your employer.
EMPL		this form to your local Payche. this document for your record		n-line services, please retain a
COMPLET	E TO ENROLL /	ADD / CHANGE BANK ACCO	DUNTS – <i>PLEASE PRINT</i>	IN BLACK/BLUE INK ONLY
Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$ □ Remainder of Net Pay
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$ □ Remainder of Net Pay
□ Voide □ Depos □ Bank I □ Other I confirm that	d check with name sit slip (only accept letter or specification Bank Documentation at the above name	ired to process this enrollment imprinted (no starter checks) ed if the verbiage "ACH R/T" appoints sheet (the signature of your look on – If this box is checked the edd employee/worker has added on	pears before the routing nur ocal bank representative ML mployer must sign this confi	IST be included) rmation:
processed i	by Paychex, Inc.			
			Date	
Employe	r Signature:	re restrictions on deposits a		
Employe *Certain acinformatio	er Signature: ccounts may have on specific to you	re restrictions on deposits a ir account.	nd withdrawals. Check v	vith your bank for more
*Certain acinformatio	er Signature: ccounts may have on specific to you	re restrictions on deposits a	nd withdrawals. Check v	vith your bank for more
*Certain acinformatio	er Signature: ccounts may have on specific to you TE IF CHANGING	re restrictions on deposits a process of the restrictions on deposits a process of the restrictions of the restriction of the restrictions of the	nd withdrawals. Check volume of the control of the	vith your bank for more BLACK/BLUE INK ONLY
*Certain acinformatio	er Signature: ccounts may have on specific to you TE IF CHANGING	re restrictions on deposits a process of the restrictions on deposits a process of the restrictions of the restriction of the restrictions of the	nd withdrawals. Check volume of the control of the	Change My Deposit Amount to: From% to% of Net From \$00 To
*Certain acinformatio	er Signature: ccounts may have on specific to you TE IF CHANGING	Re restrictions on deposits a practice of the restrictions on deposits a practice of the restriction of the	nd withdrawals. Check with the control of the contr	BLACK/BLUE INK ONLY Change My Deposit Amount to: From% to% of Net From \$00 To \$00 Remainder of Net Pay From% to% of Net From% to% of Net Remainder of Net Pay Remainder of Net Pay
*Certain acinformatio COMPLET Bank Acc	er Signature: ccounts may have on specific to you TE IF CHANGING	EMPLOYEE/WORKER CO	nd withdrawals. Check volume of the control of the	BLACK/BLUE INK ONLY Change My Deposit Amount to: From% to% of Net From \$00 To \$00 Remainder of Net Pay From% to% of Net From% to% of Net Remainder of Net Pay Remainder of Net Pay
Certain acinformation COMPLET Bank Accomplete PLEASE S I authorize transactions	ccounts may have no specific to you specific to you specific to you specific to you self. CHANGING count Number SIGN IN BLACK/E my employer to depose I authorize complete.	EMPLOYEE/WORKER CO BLUE INK ONLY posit my wages/salary into the by with all applicable law. My sig	NTS – PLEASE PRINT IN Financial Institution ("Bank") Name ONFIRMATION STATEMEN ank accounts specified abort mature below indicates that	BLACK/BLUE INK ONLY Change My Deposit Amount to: From% to% of Net From \$00 To \$00 Remainder of Net Pay From \$% to% of Net From \$% to% of Net Remainder of Net Pay Remainder of Net Pay

Note: Digital or Electronic Signatures are **not** acceptable.