PAYCHEX

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number ____

Employee/Worker Name__________________________ **Employee/Worker Number** __________

Employee/Worker: Retain a copy of this form for your records, Return the original to your employer/company,

Employer/Company: Please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – *PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY*

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number ☐☐☐☐
Type of Account Checking Savings		Account holder's Name:	
Routing/Transit Number ☐☐☐☐☐☐☐☐☐			
Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____% of Net	Specific Dollar Amount $ ____________ .00	Remainder of Net Pay	
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number ☐☐☐☐
Type of Account Checking Savings		Account holder's Name:	
Routing/Transit Number ☐☐☐☐☐☐☐☐☐			
Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____% of Net	Specific Dollar Amount $ ____________ .00	Remainder of Net Pay	
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number ☐☐☐☐
Type of Account Checking Savings		Account holder's Name:	
Routing/Transit Number ☐☐☐☐☐☐☐☐☐			
Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____% of Net	Specific Dollar Amount $ ____________ .00	Remainder of Net Pay	

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/Company Representative Printed Name: ____________________________

Employer/Company Representative Signature: ________________________________ **Date:** ____________ MM/DD/YY

* **All fields are required except Employee/Worker Number.**

** **Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

Note: Digital or Electronic Signatures are not acceptable.

DP0002 10/20

Form Expires 10/31/23