



Employee Direct Deposit/Access Card Bank Account Initiation/Change Form

This form is to be used for employees new to the Direct Deposit or Access Card service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

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	
<i>PLEASE PRINT</i>	
Employee Name _____	
Social Security No. _____ / _____ / _____	
<input type="checkbox"/> New or Additional Account	<input type="checkbox"/> Change Account

EMPLOYER - Required Information	
<i>PLEASE PRINT</i>	
Client Name _____	
Branch/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	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name _____			
I wish to deposit (check one):			
<input type="checkbox"/> Entire Net Pay			
<input type="checkbox"/> _____% of Net			
<input type="checkbox"/> Specific Dollar Amount \$ _____ .00			
Please attach one of the following (check one):			
<input type="checkbox"/> Voided check			
<input type="checkbox"/> Bank letter or specification sheet*			
<small>* See your local bank representative.</small>			
Bank Account #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name _____			
I wish to deposit (check one):			
<input type="checkbox"/> Entire Net Pay			
<input type="checkbox"/> _____% of Net			
<input type="checkbox"/> Specific Dollar Amount \$ _____ .00			
Please attach one of the following (check one):			
<input type="checkbox"/> Voided check			
<input type="checkbox"/> Bank letter or specification sheet*			
<small>* See your local bank representative.</small>			

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.	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> 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 _____	
<input type="checkbox"/> Additional Card Requested. Additional Card Holder Name _____	
Additional Card Holder Social Security No. _____ / _____ / _____	
PAYCHEX® Use Only	
Account No. _____ Routing/Transit No. _____	

Employee Signature _____ Date ____ / ____ / ____ Return this original form to your employer.