Paychex Use Only	
Client Account Number _____	Date _____
Worker Number _____	Time _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____
Scanning instructions are located in Paychex Procedures.	

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.

WORKER – Required Information

PLEASE PRINT

Worker Name _____

Last four digits of Social Security Number __ __ __ __

EMPLOYER – Required Information

PLEASE PRINT

Company Name _____

Service Location/Client Acct. 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):

Bank Account #1

☐ **Checking**
Bank Name _____

☐ **Savings**
Bank Name _____

☐ **Chase Pay Card *Plus***
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

☐ Remainder of Net Pay
☐ _____ % of Net
☐ Specific Dollar Amount $_____ .00

Please attach one of the following for Checking or Savings accounts (check one):

☐ **Voided check with name imprinted (no starter checks)**
☐ **Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**
☐ **Bank letter or specification sheet (the signature of your local bank representative MUST be included)**

Bank Account #2

☐ **Checking**
Bank Name _____

☐ **Savings**
Bank Name _____

☐ **Chase Pay Card *Plus***
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

☐ Remainder of Net Pay
☐ _____ % of Net
☐ Specific Dollar Amount $ _____ .00

Please attach one of the following for Checking or Savings accounts (check one):

☐ **Voided check with name imprinted (no starter checks)**
☐ **Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**
☐ **Bank letter or specification sheet (the signature of your local bank representative MUST be included)**

Employer Section Only

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature _____

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.)