



# Direct Deposit/Access Card Employee Signup Form

### 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

PLEASE PRINT

Employee Name \_\_\_\_\_

Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMPLOYER - Required Information

PLEASE PRINT

Client Name \_\_\_\_\_

Office/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  Checking  Savings  
Bank Name \_\_\_\_\_

Bank Account #2  Checking  Savings  
Bank Name \_\_\_\_\_

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_.

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_.

Please attach one of the following (check one):

- Voided check  
 Bank letter or specification sheet\*  
\* See your local bank representative.

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- Voided check  
 Bank letter or specification sheet\*  
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### 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.

I wish to deposit (check one):

- Entire Net Pay  \_\_\_\_ % of Net  Specific Dollar Amount \$ \_\_\_\_.

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 \_\_\_\_\_

Additional Card Requested. Additional Card Holder Name \_\_\_\_\_

Additional Card Holder Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return this original form to your employer.