



# 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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account #2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name _____	Bank Name _____
I wish to deposit (check one):	I wish to deposit (check one):
<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> _____ % of Net	<input type="checkbox"/> _____ % of Net
<input type="checkbox"/> Specific Dollar Amount \$ _____00	<input type="checkbox"/> Specific Dollar Amount \$ _____00
Please attach one of the following (check one):	Please attach one of the following (check one):
<input type="checkbox"/> Voided check	<input type="checkbox"/> Voided check
<input type="checkbox"/> Bank letter or specification sheet*	<input type="checkbox"/> Bank letter or specification sheet*
<small>* See your local bank representative.</small>	<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.	
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. ____/____/____

X Employee Signature \_\_\_\_\_ X Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this original form to your employer.