

**PAYCHEX, INC.**  
**Direct Deposit Enrollment / Change Form\***  
*Note: Digital or Electronic Signatures are not acceptable*

Company Name and/or Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_  
(Print Legible First and Last Name) Employer/Employee: Retain a copy of this form your records

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

Add new account	Update existing account	Replace existing (Account # being replaced)																	
Type of Account:    Checking	Savings																		
Account Holder's Name:																			
<i>If a Trustee or Custodial for a Minor, please list complete title of account. (Example: John Doe Custodian for Minor Jane Doe)</i>																			
Routing/Transit Number																			
Account Number **																			
Financial Institution ("Bank") Name:																			
Deposit of Pay (select one):	% of net	Specific dollar amount \$	.00	Remainder of Net															

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Deposit of Pay (select one):	% of net	Specific dollar amount \$	.00	Remainder of Net															

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(s) to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number(s) accurately reflect my intended receiving account(s). 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 to make direct deposits into the named account(s). I understand that this authorization will remain in full force and effect until I notify the 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/Authorized Company Representative Printed Name: \_\_\_\_\_

Employer/Authorized Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YY)

\* All fields are required except Employee/Worker Number.  
\*\* Certain accounts may have restrictions on deposits and withdrawals. Verify with your bank for more information specific to your account.