Paychex Use Only

Client Number _____
Worker Number _____
PRS _____
Date _____
Verified By _____

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. **Deposit slips are not accepted.**

WORKER – Required Information

PLEASE PRINT

Worker Name _____

Last four digits of Social Security Number ___ ___ ___ ___

EMPLOYER – Required Information

PLEASE PRINT

Company Name _____

Office/Client 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 (deposit slips are not accepted)**

☐ **Bank letter or specification sheet***

**See your local bank representative*

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 (deposit slips are not accepted)**

☐ **Bank letter or specification sheet***

**See your local bank representative*

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.)