## **Authorization for Direct Deposit**

I authorize		to deposit my pay		
automatically to the account	(s) indicated below and, if nece	essary, to adjust	or reverse a	
deposit for any payroll entry	made to my account in error. T	his authorizatio	n will remain in	
effect until I cancel it in writin	ng and in such time as to afford	I		
		a reasonable c	pportunity to ac	
on it.				
Name on bank account:				
			Savings	
Bank routing number:				
Amount: \$	or entire paycheck:	_		
*Balance of pay to:				
Manual (paper c	heck)			
Account describe	ed below			
*Note: Split payments are not a	available for contractors.			
Name on bank account:				
Bank account number:		Checking	Savings	
Bank routing number:				
Important: Please attach a	voided check for each bank ac	count to which f	unds should be	
deposited.				
Employee/Contractor signatu	ure:			
Date:				
Payers: Do not send this fo	orm with your Direct Deposit	enrollment. Ke	eep for your	

records.



## **Direct Deposit Enrollment/Change Form**

Company Name			Client Number				
Employee/Worker Name			Employee/Worker Number				
EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.							
<b>EMPLOYERS</b> : Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.							
COMPLET	COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY						
Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):			
□ Checking □ Savings				□ % of Net □ Specific Dollar Amount \$00 □ Remainder of Net Pay			
□ Checking □ Savings				☐ % of Net ☐ Specific Dollar Amount \$00 ☐ Remainder of Net Pay			
One of the following is required to process this enrollment (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)  Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation: I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.							
Employer Signature:			Date				
*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.							
COMPLET	E IF CHANGING E	XISTING DEPOSIT AMOU	NTS – PLEASE PRINT	IN BLACK/BLUE INK ONLY			
Routing/	Transit Number	Checking/Savings Account Number*	Financial Instituti ("Bank") Name	Chango My Donocit Amount to:			
				☐ From% to% of Net ☐ From \$00 To \$00 ☐ Remainder of Net Pay			
				☐ From% to% of Net ☐ From \$00 To \$00 ☐ Remainder of Net Pay			
EMPLOYEE/WORKER CONFIRMATION STATEMENT							
PLEASE SIGN IN BLACK/BLUE INK ONLY							
I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. 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 to make direct deposits into the named account.							
Employee/Worker Signature Date							

**Note:** Digital or Electronic Signatures are **not** acceptable.