## **AFL Cleaning Services**

## **Employee Direct Deposit Form**

## PAYCHEX Direct Deposit Signup/Change Form

(Please Complete All Sections on this Form)

Worker Required Information:  Please Print in Black Ink Only:	<b>WORKER</b> to your er
Worker Name:	<i>EMPLOYI</i> Payroll Cl
Last Four Digits of Social Security#:	

**WORKERS**: Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS**: Return this form to your local Paychex office. For Preview Payroll Clients, retain on file after updating the employee record.

## This is a watermark for the trial version, register to get the full one!

Complete To Enroll OR Change Enrollment in Direct Deposit – Please Print in Block 11 k ONLY.								
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