

Paychex Use Only	
Client Number	_____
Worker Number	_____
PRS	_____
Date	_____
Verified By	_____

PAYCHEX®

Direct Deposit Change Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to change your existing payroll information.
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.

WORKER – Required Information	
<i>PLEASE PRINT</i>	
Worker Name	_____
Last four digits of Social Security Number	____-____
Street Address	_____
Apt. # _____ City	_____
State _____ Zip	_____

EMPLOYER – Required Information	
<i>PLEASE PRINT</i>	
Company Name	_____
Office/Client Number	_____
Federal ID Number	_____

Complete for DIRECT DEPOSIT

<u>Bank Account #1</u>	<u>Bank Account #2</u>	<u>Bank Account #3</u>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number* _____	Account Number* _____	Account Number* _____
Bank Name _____	Bank Name _____	Bank Name _____
<input type="checkbox"/> Remove From Direct Deposit OR	<input type="checkbox"/> Remove From Direct Deposit OR	<input type="checkbox"/> Remove From Direct Deposit OR
Change My Deposit Amount To:	Change My Deposit Amount To:	Change My Deposit Amount To:
<input type="checkbox"/> Remainder of Net Pay	<input type="checkbox"/> Remainder of Net Pay	<input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> _____ % of Net	<input type="checkbox"/> _____ % of Net	<input type="checkbox"/> _____ % of Net
<input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Specific Dollar Amount \$ _____ .00

* If your bank account number has changed, you must provide a voided check or bank specification sheet.

Worker Signature _____ **Date** ___/___/___ **Return this original form to your employer.**
 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.)