## PAYCHEX, INC.

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

Note: Digital or Electronic Signatures are not acceptable

p :	or Chen	t Numbe	r													_			
Employee/Worker N	ame								Emp	lovee/	Worke	er Nun	nber						
		(Pri	nt Legible	First an	d Last Na	Employee/Worker Number Last Name)													
Employer/Employee: Re	tain a cop	y of this fo	rm your r	ecords															
	COMP	LETE TO EN	IROLL / AI	DD / CHA	NGE BAI	NK ACCOL	JNTS -	PLEASE P	RINT CLE	ARLY IN	BLACK	/BLUE II	NK ONLY	/					
Add new account		xisting acco				eplace existing (Account # being replaced)													
Type of Account: Chec	cking	Savings					•		<u> </u>										
Account Holder's Name:																			
If a Trustee or Custodial f	for a Mino	, please lis	t complete	e title of	account.	(Exampl	le: John	Doe Cus	todian fo	r Minor	Jane Do	oe)							
Routing/Transit Number														_					
Account Number **																			
Financial Institution ("Ba	nk") Name	::																	
Deposit of Pay (select one):				% of net			Specific dollar amount \$				.00			Remainder of Net					
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	cking	xisting acco Savings	ount		керіас	existing	accoun	ι											
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Routing/Transit Number																			
Account Number **																			
Financial Institution ("Ba	nk") Name	:	•																
Deposit of Pay (select on	e):			% of ne	t	Specific	dollar	mount \$			.00		Remai	nder of	Net				
Add new account	Update e	xisting acco	ount		Replace	existing	accour	t											
Type of Account: Chec	cking	Savings																	
Account Holder's Name:																			
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