Paychex Use Only
Client Number
Worker Number
PRS
Date
Verified By

PAYCHEX Direct Deposit Change Form

Worker Instructions:

- Complete the "WORKER Required Information" section.
- Complete the Direct Deposit section to change your existing payroll information.
- Sign the bottom of the form.
- Retain a copy of this form for your records. Return the original to your employer.

WORKER - Required Information		
PLEASE PRINT		
Worker Name		
Last four digits of Social Security Number		
Street Address		
Apt. # City		
State Zip		

Employer Instructions:

- 1. Complete the "EMPLOYER Required Information" section.
- 2. Return this form to your local Paychex office.

WORKER - Required Info	ormation EMPLO	OYER - Required Information
PLEASE PRINT	PLEASE PRINT	
Worker Name	Company Nam	ne
Last four digits of Social Security Number _	Office/Client N	lumber
Street Address	Federal ID Nur	mber
Apt. # City		
State Zip		
·		
	Complete for DIRECT DEPC	SIT
Certain accounts may have restrictions of your account.	on deposits and withdrawals. Check with	your bank for more information specific to
Bank Account #1	Bank Account #2	Bank Account #3
☐ Checking ☐ Savings	☐ Checking ☐ Savings	☐ Checking ☐ Savings
Account Number*	Account Number*	Account Number*
Bank Name	Bank Name	Bank Name
☐ Remove From Direct Deposit	☐ Remove From Direct Deposit	☐ Remove From Direct Deposit
OR	OR	OR
Change My Deposit Amount To:	Change My Deposit Amount To:	Change My Deposit Amount To:
☐ Remainder of Net Pay	☐ Remainder of Net Pay	□ Remainder of Net Pay
□ % of Net	□ % of Net	□ % of Net
☐ Specific Dollar Amount \$00	☐ Specific Dollar Amount \$00	0 ☐ Specific Dollar Amount \$00
* If your bank account number has changed, you	must provide a voided check or bank specificatio	on sheet.
	·	
	Employer Section Only	
If bank documentation provided is different	from what is listed above, the following mus	t be completed by the employer:
I confirm that the above named employee h	as added or changed a bank account for dir	rect deposit transactions processed by Paychex,

If bank documentation provided is different from what is listed above, the following must be completed by the employer:
I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.
Employer Signature
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