

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



**Direct Deposit/Access Card  
Change Form**

**Worker Instructions:**

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit, Access Card, or both sections 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                   | _____                       |
| 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**

| Bank Account #1  | Bank Account #2  | Bank Account #3  |
|--|--|--|
| <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                | <input type="checkbox"/> Remove From Direct Deposit                | <input type="checkbox"/> Remove From Direct Deposit                |
| OR   | OR   | OR   |
| Change My Deposit Amount To:                                       | Change My Deposit Amount To:                                       | Change My Deposit Amount To:                                       |
| <input type="checkbox"/> Entire Net Pay                            | <input type="checkbox"/> Entire Net Pay                            | <input type="checkbox"/> Entire 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.

**Complete for ACCESS CARD**

|   |   |
|---|---|
| Last 8 digits appearing on card (required) _____  |   |
| <b>1. <input type="checkbox"/> Change My Name</b> (a new card will be created)<br><i>PLEASE PRINT</i><br>Old Name _____<br>New Name _____   | <b>3. <input type="checkbox"/> Add Another Person to My Account</b><br><i>PLEASE PRINT</i><br>Additional Cardholder Name _____<br>Additional Cardholder SS# _____ - _____ - _____                                     |
| <b>2. <input type="checkbox"/> Change My Address and/or Phone Number</b><br><i>PLEASE PRINT</i><br>Street Address _____ Apt. # _____<br>City _____ State _____ Zip _____<br>Phone ( _____ ) _____ - _____ | <b>4. <input type="checkbox"/> Change My Deposit Amount To:</b><br><input type="checkbox"/> Entire Net Pay<br><input type="checkbox"/> _____ % of Net<br><input type="checkbox"/> Specific Dollar Amount \$ _____ .00 |
| <b>5. <input type="checkbox"/> Close My Account</b>   |   |
| <b>Note:</b> All cards with the same name and social security number will be affected by this change.   |   |

**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.)