## PAYCHEX, INC.

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

Note: Digital or Electronic Signatures are not acceptable

Company Name and	/or Cli	ient N	Number														_		
Employee/Worker N	lame									Emp	loyee/	Worke	er Num	ber					
	_		(Prin	t Legible	First and	Last Na	ıme)				,,								
Employer/Employee: Re	etain a	сору с	of this for	m your r	ecords														
	СО	MPLET	TE TO ENR	ROLL / AD	D / CHA	NGE BAN	NK ACCOL	JNTS - I	PLEASE P	RINT CLE	ARLY IN	BLACK	/BLUE II	NK ONLY	/				
Add new account							ANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY  Replace existing (Account # being replaced)												
Type of Account: Che	cking		Savings			•		•											
Account Holder's Name:																			
If a Trustee or Custodial	for a M	linor, p	lease list	complete	title of a	account.	(Exampl	e: John	Doe Cus	todian fo	r Minor	Jane Do	oe)						
Routing/Transit Number															ı		ī		
Account Number **																			
Financial Institution ("Ba	nk") Na	ame:																	
Deposit of Pay (select one):					% of net	t	Specific	Specific dollar amount \$				.00			Remainder of Net				
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Routing/Transit Number																			
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Add new account  Type of Account: Che	Updat		Savings			Replace	existing	accoun	t		or Minor		ne)	Remai	nder of	Net			
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