

Paychex Use Only	
Client Account Number _____	Date _____
Worker Number _____	Time _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____
Scanning instructions are located in Paychex Procedures.	

PAYCHEX®

Direct Deposit Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
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.*
*See below for acceptable bank documentation.

WORKER – Required Information
PLEASE PRINT
Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER – Required Information
PLEASE PRINT
Company Name <u>Head to Toe Therapy</u>
Service Location/Client Acct. Number <u>HK50</u>
Federal ID Number _____

Complete for Direct Deposit and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1	Bank Account #2
<input type="checkbox"/> Checking Bank Name _____	<input type="checkbox"/> Checking Bank Name _____
<input type="checkbox"/> Savings Bank Name _____	<input type="checkbox"/> Savings Bank Name _____
<input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i>	<input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i>
I wish to deposit (check one): <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	I wish to deposit (check one): <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00
Please attach one of the following for Checking or Savings accounts (check one): <input type="checkbox"/> Voided check <input type="checkbox"/> Deposit slip (<u>only</u> accepted if the verbiage "ACH R/T" appears before the routing number) <input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included)	Please attach one of the following for Checking or Savings accounts (check one): <input type="checkbox"/> Voided check <input type="checkbox"/> Deposit slip (<u>only</u> accepted if the verbiage "ACH R/T" appears before the routing number) <input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Employer Section Only

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 ____ / ____ / ____

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.)