

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)** \_\_\_\_\_

<p><b>1. <input type="checkbox"/> Change My Name</b> (a new card will be created)</p> <p><i>PLEASE PRINT</i></p> <p>Old Name _____</p> <p>New Name _____</p>	<p><b>3. <input type="checkbox"/> Add Another Person to My Account</b></p> <p><i>PLEASE PRINT</i></p> <p>Additional Cardholder Name _____</p> <p>Additional Cardholder SS# _____ - _____ - _____</p>
<p><b>2. <input type="checkbox"/> Change My Address and/or Phone Number</b></p> <p><i>PLEASE PRINT</i></p> <p>Street Address _____ Apt. # _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone ( _____ ) _____ - _____</p>	<p><b>4. <input type="checkbox"/> Change My Deposit Amount To:</b></p> <p><input type="checkbox"/> Entire Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p>
<p><b>5. <input type="checkbox"/> Close My Account</b></p>	

**Note:** 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.)