



# Employee Direct Deposit / Access Card Bank Account Initiation / Change Form

### Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit, Access Card, or both sections to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the **original** to your employer.

### Employer Instructions:

1. Complete the employer required information section.
2. Return this form to your local Paychex office.

EMPLOYEE - Required Information	
<i>PLEASE PRINT</i>	
Employee Name	_____
Social Security No.	_____/_____/_____
<input type="checkbox"/> New or Additional Account <input type="checkbox"/> Change Account	
EMPLOYER - Required Information	
<i>PLEASE PRINT</i>	
Client Name	<b>Recruiting Services, Inc/Referral Staffing, Inc.</b>
Branch/Client No.	<b>0031/4911</b>
Federal ID No.	<b>54-1997854</b>

## Complete for DIRECT DEPOSIT

**I would like my wages/salary deposited to the following bank account(s):**

<b>Bank Account #1</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____	<b>Bank Account #2</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____
--	--

I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00
--	--

Please attach one of the following <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank letter or specification sheet	Please attach one of the following <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank letter or specification sheet
--	--

## Complete for ACCESS CARD

**I would like my wages/salary deposited to an Access Card account.** I agree to the terms and conditions of the Paychex Access Card Program (including the \$3.00 monthly maintenance fee, the \$1.50 per ATM withdrawal fee, the \$3.00 over-the-counter cash advance fee, and the \$15.00 lost or stolen card replacement fee)

**Preferred Language :**     English     Spanish

**I wish to deposit (check one):**     Entire Net Pay     \_\_\_\_\_ % of Net     Specific Dollar Amount \$ \_\_\_\_ .00

**Please print** the address where the Access Card statements should be mailed.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. ( \_\_\_ ) \_\_\_ - \_\_\_ - \_\_\_    Date of Birth \_\_\_/\_\_\_/\_\_\_    Mother's Maiden Name \_\_\_\_\_

Additional Card Requested.    Additional Card Holder Name \_\_\_\_\_

Additional Card Holder Social Security No. \_\_\_/\_\_\_/\_\_\_

**PAYCHEX Use Only**

Account No. \_\_\_\_\_ Routing/Transit No. \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ **Return this original form to your employer**