



# Direct Deposit/Access Card Employee Change Form

## Employee Instructions:

1. Complete the "Employee 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.

### EMPLOYEE – Required Information

PLEASE PRINT

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

### EMPLOYER – Required Information

PLEASE PRINT

Company Name \_\_\_\_\_

Office/Client Number \_\_\_\_\_ / \_\_\_\_\_

Federal ID Number \_\_\_\_\_

## Complete for DIRECT DEPOSIT

### Bank Account #1

Checking  Savings

Account Number\* \_\_\_\_\_

Bank Name \_\_\_\_\_

Remove From Direct Deposit

OR

Change My Deposit Amount To:

Entire Net Pay

\_\_\_\_\_ % of Net

Specific Amount \$ \_\_\_\_\_ .00

### Bank Account #2

Checking  Savings

Account Number\* \_\_\_\_\_

Bank Name \_\_\_\_\_

Remove From Direct Deposit

OR

Change My Deposit Amount To:

Entire Net Pay

\_\_\_\_\_ % of Net

Specific Amount \$ \_\_\_\_\_ .00

### Bank Account #3

Checking  Savings

Account Number\* \_\_\_\_\_

Bank Name \_\_\_\_\_

Remove From Direct Deposit

OR

Change My Deposit Amount To:

Entire Net Pay

\_\_\_\_\_ % of Net

Specific 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) \_\_\_\_\_

### 1. Change My Name (a new card will be created)

PLEASE PRINT

Old Name \_\_\_\_\_

New Name \_\_\_\_\_

### 2. Change My Address and/or Phone Number

PLEASE PRINT

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

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### 3. Add Another Person to My Account

PLEASE PRINT

Additional Cardholder Name \_\_\_\_\_

Additional Cardholder SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 4. Change My Deposit Amount To:

Entire Net Pay

\_\_\_\_\_ % of Net

Specific Amount \$ \_\_\_\_\_ .00

### 5. Close My Account

**Note:** All cards with the same name and social security number will be affected by this change.

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