Paychex Use Only
Client Number _____
Worker Number _____
PRS _____
Date _____
Verified By _____

PAYCHEX®

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

PLEASE PRINT

Worker 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 Dollar 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 Dollar 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 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) ___ ___ ___ ___ ___ ___ ___ ___

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 Dollar Amount $ _____.00

5. ☐ Close My Account

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.**