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 _____

Last four digits of 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	**Bank Account #2**	**Bank Account #3**
☐ Checking ☐ Savings	☐ Checking ☐ Savings	☐ Checking ☐ Savings
Account Number*_____	Account Number*_____	Account Number*_____
Bank Name _____	Bank Name _____	Bank Name _____
☐ Remove From Direct Deposit	☐ Remove From Direct Deposit	☐ Remove From Direct Deposit
OR	OR	OR
Change My Deposit Amount To:	Change My Deposit Amount To:	Change My Deposit Amount To:
☐ Entire Net Pay	☐ Entire Net Pay	☐ Entire Net Pay
☐ _____ % of Net	☐ _____ % of Net	☐ _____ % of Net
☐ Specific Dollar Amount $ _____.00	☐ Specific Dollar Amount $ _____.00	☐ 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. ☐ Change My Deposit Amount To:

☐ Entire Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount $ _____.00

4. ☐ Close My Account

Please also complete corresponding sections on page 2

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.)

DP0013 5/07 BC

PAYCHEX®

Direct Deposit/Access Card
Change Form

WORKER – Required Information	EMPLOYER – Required Information
PLEASE PRINT	*PLEASE PRINT*
Worker Name _____	Company Name _____
	Office/Client Number _____

Complete for ACCESS CARD

☐ Add Another Person to My Account
PLEASE PRINT

Additional Cardholder Name _____

Additional Cardholder Social Security No. ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Due to the sensitive nature of this information, this page should be scanned in WebORS under the following secure site location: Report Category – Scanned Documents, Reports – Access Card Scanned Document.

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