

# Employee Direct Deposit - Access Card Application

## EMPLOYEE - Required Information

*PLEASE PRINT*

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

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Language  English  Spanish

## EMPLOYER - Required Information

*PLEASE PRINT*

Client Name \_\_\_\_\_

Branch/Client No. \_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_

Federal ID No. \_\_\_\_\_

### 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 to the right.
2. Return this *original* form to your local Paychex office (no copies or faxes, please).

## Complete for DIRECT DEPOSIT

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

Checking

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

*(Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted.)*

I wish to deposit (check one):

Entire Net Pay

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

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

Savings

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

*(Attach only a bank letter or specification sheet. Deposit tickets not accepted.)*

I wish to deposit (check one):

Entire Net Pay

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

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

## 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 \$2.00 monthly maintenance fee and the \$1.50 per ATM withdrawal fee) as set forth in the materials received by me with this application, or to be received by me prior to my use of the Access Card.

**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. \_\_\_\_\_

I hereby authorize my employer, \_\_\_\_\_ (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Paychex, Inc. (hereinafter Paychex) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Paychex may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Paychex from my employer's bank. If, within 30 days of Paychex making the deposit into my account, my employer does not make available to Paychex the funds that were advanced to make the deposit into my account, I authorize Paychex to charge my account to recover said advance. I agree to hold Paychex harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Rochester, New York, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

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