

## Direct Deposit

Complete this direct deposit form and attach a voided check. It may take up to two pay periods for DD to start working. Follow the same procedures for direct deposit as you would for receiving a regular paycheck. At the end of the workweek, fax a copy of your timesheet(s) to our office (212) 924-1503. This will guarantee that you will make payroll for the week.

**For funds to be electronically deposited into your account, the  
SIGNED ORIGINAL TIMESHEET(S)  
must be  
IN OUR OFFICE  
by 10AM on Tuesdays.**

- **If we ONLY have a FAXED COPY of your timesheet(s), funds will NOT be electronically deposited and a regular check will be cut.**
- **.If the timesheet(s) is MISSING AN AUTHORIZED SIGNATURE from the client, or we have not been told to get VERBAL APPROVAL for the hours, funds will NOT be electronically deposited.**

Any time your paycheck is not directly deposited, a regular check will be cut and held at our office until we receive the original copy of the timesheet(s).

Please CONTINUE TO INDICATE if you would like your check held or mailed. Even if the payment is directly deposited, you will still receive a pay stub that will need to be picked up at our office or mailed to you.

Any questions can be directed to the Payroll Manager, Carlos at (212) 924-8300.



# Direct Deposit/Access Card Employee Signup 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.

### EMPLOYEE - Required Information

PLEASE PRINT

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

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

### Employer Instructions:

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

### EMPLOYER - Required Information

PLEASE PRINT

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

Office/Client No. \_\_\_\_/\_\_\_\_

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

### Complete for DIRECT DEPOSIT

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

Bank Account #1  Checking  Savings  
Bank Name \_\_\_\_\_

Bank Account #2  Checking  Savings  
Bank Name \_\_\_\_\_

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_.00

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_.00

Please attach one of the following (check one):

- Voided check  
 Bank letter or specification sheet\*  
\* See your local bank representative.

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### 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, 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.

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. \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this original form to your employer.