

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

PAYCHEX®

Direct Deposit/Access Card Signup Form

Worker Instructions:

1. Complete the "WORKER - 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 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	____-____-____

EMPLOYER - Required Information	
PLEASE PRINT	
Company Name	<u>The Parkpoint Club</u>
Office/Client Number	<u>0 6 D 7 /</u> _____
Federal ID Number	<u>68-0042568</u>

Complete for DIRECT DEPOSIT

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1 Checking Savings
 Bank Name _____

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 (deposit slips are not accepted)
 Bank letter or specification sheet*
*See your local bank representative.

Bank Account #2 Checking Savings
 Bank Name _____

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 (deposit slips are not accepted)
 Bank letter or specification sheet*
*See your local bank representative.

Complete for ACCESS CARD

I authorize my employer to deposit my wages/salary 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 Cardholder Name _____

Additional Cardholder Social Security No. _____ - _____ - _____

Worker Signature _____

Date ____/____/____

Return this original form to your employer.