

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.*
* See below for acceptable bank account documentation. Deposit slips are not accepted.

WORKER - Required Information

PLEASE PRINT

Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER - Required Information

PLEASE PRINT

Company Name STEWART STAFFING SOL
Office/Client Number 0014-S923
Federal ID Number 06-1593404

Complete for DIRECT DEPOSIT and Sign Below

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

Bank Account #1 Checking Savings
Bank Name _____

Bank Account #2 Checking Savings
Bank Name SORRY NOT AVAILABLE

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

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 and Sign Below

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 SORRY NOT AVAILABLE AT THIS TIME Apt. # _____
City WE ARE HOPING TO BE ABLE TO OFFER IT IN THE FUTURE State _____ Zip _____
Home Phone No. (_____) _____ - _____

Worker Signature _____ Date ____/____/____

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.)