



Employee Direct Deposit/Access Card Bank Account Initiation/Change Form

This form is to be used for employees new to the Direct Deposit or Access Card service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

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.
2. Return this form to your local Paychex office.

EMPLOYEE - Required Information

PLEASE PRINT

Employee Name _____

Social Security No. ____/____/____

New or Additional Account Change Account

EMPLOYER - Required Information

PLEASE PRINT

Client Name Maxonic Inc.

Branch/Client No. 01 84,4132

Federal ID No. 37-1435444

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.*

Please attach one of the following (check one):

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

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 \$3.00 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.

Preferred Language: English Spanish

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. _____

Employee Signature _____ Date ____/____/____ Return this original form to your employer.