



# Direct Deposit Enrollment/Change Form\*

Company Name and/or Client Number Children Achieving Maximum Potential, Inc.

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

Employee/Worker: Retain a copy of this form for your records. Return the original to your employer/company.

Employer/Company: Please retain a copy of this document for your records.

**COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY**


Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay							

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay							


Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:				
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name							
I wish to deposit (check one): _____% of Net      Specific Dollar Amount \$ _____ .00      Remainder of Net Pay							

**CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY**

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

 **Employee/Worker Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

**Employer/Company Representative Printed Name:** \_\_\_\_\_  
 **Employer/Company Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

\* All fields are required except Employee/Worker Number.  
\*\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.  
**Note:**Digital or Electronic Signatures are not acceptable.