

Employee Direct Deposit Access Card Application

Client Name

Entire Net Pay

_____% of Net

Employee Instructions:

- 1. Complete the employee required information section.
- 2. Complete the Direct Deposit, Access Card, of both sections to specify where you want your pay deposited.
- 3. Sign the bottom of the form.
- 4. Retain a copy and return the original to your employer.

Employer Instructions:

Checking Bank Name

No deposit tickets allowed)

Entire Net Pay

I wish to deposit (check one):

_% of Net

O Specific Dollar Amount \$ _____ .00

- 1. Complete the employer required information section.
- Return this original form to your local Paychex office (no copies or faxes, please)

(Attach a void check, bank letter, or specification sheet.

EMPLOYEE	- Req	uired in	formation	
Please Print Employee Name				
Social Security No	/_	/		_
Preferred Language	0	English	Spanish	

I would like my wages/salary deposited to the bank account attac

PAYCHEX ®	Use Only	
Account No		
Rounting/Transit No.		

EMPLOYER - Required information

	Branch/Client No / / /
	Federal ID No.
СТ	DEPOSIT
hed	
	○Savings
	Bank Name
	(Attach only a bank letter or specification sheet.
	No deposit tickets allowed.)

Specific Dollar Amount \$ _____ .00

	Complete for ACCES	S CARD	
would like my wages/salary deposited to	an Access Card account at NBD Bank	. I agree to the terms and o	onditions of the
Paychex Access Card Program (including the \$	31.50 monthly maintenance fee and the	\$1.00 per ATM withdrawal	fee) as set forth in
the materials received by me with this application	on, or to be received by me prior to my	use of the Access Card.	
Entire Net Pay	% of Net	Oollar Amount \$	00
Please print the address where the Access	Card, PtN and statements should	be mailed.	
Address	City	State	Zip
Home Phone No. ()	Work Phone No. ()		irth//_
Additional Card Requested			
Additional Card Holder Name			
Additional Card Holder Social Security No.			

I hereby authorize my employer, Godwin Corporation (hereinafter COMPANY): to deposit any amounts owed me by initiating credit entries to my account the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit entries indicated by COMPANY to my account, in the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convienence, I request that Paychex, Inc. (hereinafter Paychex) directly deposit my wages/salary earned from my employer, into my bank account. I, understand that deposit of bank, if within 30 days of Paychex making the deposit into my account, my employer does not make available to Paychex the funds that were advanced to make the deposit into my account. I authorize Paychex to charge my account to recover said advance. I agree to hold Paychex harmless from loss and to indemnity it, limited to the amount of the deposit

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbritation in Rochester, New York, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgement in any justidiction in which non-prevailing party does business.

This authorization is to remain in full force and affect until COMPANY and BANK have received written notice from me of its termination in such time and in a manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature:	Date:	/ /	Return this original form to your empl	over