PAYCHEX, INC.

Direct Deposit Enrollment / Change Form*

Note: Digital or Electronic Signatures are not acceptable

Company Name and	or Clie	ent N	lumber														_				
Employee/Worker NameEmployee/Worker Number (Print Legible First and Last Name)																					
			(Prin	t Legible	First and	d Last Na	me)				, , , ,										
Employer/Employee: Re	etain a c	ору о	of this for	m your r	ecords																
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