Worldwide Travel Staffing

2829 Sheridan Drive, Tonawanda, NY 14150 | Toll-Free: 866.633.3700 | Toll-Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

# Direct Deposit Form

**Please review and complete the "Worker Instructions" section. The enrollment form needs to be fully completed and easy to read. Please fax both, the enrollment form and voided check, back to Worldwide Travel Staffing.**

**If you need further assistance, please contact Ryan Crawford, toll-free at 866.633.3700, ext. 103.**

**Please Note: Deposit slips are not accepted, an actual voided check is required.**

| 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 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.
5. Return the original and a voided check 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 _____

Office/Client Number _____

Federal ID Number ___ ___ ___ ___ ___ ___ ___ ___ ___

### 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 _____

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.

**Bank Account #2** ☐ Checking ☐ Savings

Bank Name _____

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.

**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.)