

**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:**

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

<b>PAYCHEX<sup>®</sup></b>	Use Only
Account No. _____	
Routing/Transit No. _____	

EMPLOYEE - Required information	
Please Print	
Employee Name _____	
Social Security No. ____/____/____	
Preferred Language <input type="radio"/> English <input type="radio"/> Spanish	

EMPLOYER - Required information	
Please Print	
Client Name _____	
Branch/Client No. ____/____	
Federal ID No. _____	

Complete for DIRECT DEPOSIT	
<input type="radio"/> I would like my wages/salary deposited to the bank account attached <input type="radio"/> Checking Bank Name _____ (Attach a void check, bank letter, or specification sheet. No deposit tickets allowed) I wish to deposit ( check one): <input type="radio"/> Entire Net Pay <input type="radio"/> ____% of Net <input type="radio"/> Specific Dollar Amount \$ ____ .00	<input type="radio"/> Savings Bank Name _____ (Attach only a bank letter or specification sheet. No deposit tickets allowed.) <input type="radio"/> Entire Net Pay <input type="radio"/> ____% of Net <input type="radio"/> Specific Dollar Amount \$ ____ .00

Complete for ACCESS CARD	
<del> <input type="radio"/> I would like my wages/salary deposited to an Access Card account at NBD Bank. I agree to the terms and conditions of the Paychex Access Card Program (including the \$1.50 monthly maintenance fee and the \$1.00 per ATM withdrawal fee) as set forth in the materials received by me with this application, or to be received by me prior to my use of the Access Card.  <input type="radio"/> Entire Net Pay     <input type="radio"/> ____% of Net     <input type="radio"/> Specific Dollar Amount \$ ____ .00                      Please print the address where the Access Card, PIN and statements should be mailed.                      Address _____ City _____ State _____ Zip _____                      Home Phone No. (____) _____ - _____ Work Phone No. (____) _____ Date of Birth ____/____/____  <input type="radio"/> Additional Card Requested                      Additional Card Holder Name _____                      Additional Card Holder Social Security No. ____/____/____                 </del>	

I hereby authorize my employer, Platinum Business 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 convenience, 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 arbitration 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 jurisdiction 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 employer.**

**PAYCHEX EMPLOYEE AND TAX INFORMATION FORM**

CLIENT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

CHECK ONLY ONE:

- NEW EMPLOYEE
- CHANGE OF INFORMATION ON CURRENT EMPLOYEE
- REHIRE OF OLD EMPLOYEE PREVIOUSLY ON PAYCHEX SYSTEM

EMPLOYEE NUMBER (FOR CHANGE OR REHIRE ONLY) \_\_\_\_\_

EMPLOYEE NAME (LAST/FIRST/MIDDLE) \_\_\_\_\_

COMPANY NAME *(IF APPLICABLE)* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

SOCIAL SECURITY OR TAX IDENTIFICATION # \_\_\_\_\_

DEPARTMENT NUMBER \_\_\_\_\_

SALARY (PER PAY PERIOD) \_\_\_\_\_

HOURLY RATE #1 \_\_\_\_\_

HOURLY RATE #2 \_\_\_\_\_

HOURLY RATE #3 \_\_\_\_\_

HIRE DATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

WILL PAYROLL BE DIRECT DEPOSIT?  YES  NO  
IF YES, SEND CHECK & AUTHORIZATION

***BELOW INFORMATION ONLY FOR EMPLOYEES ON A W-2 TAX REPORTING FORM***

MARTIAL STATUS SINGLE MARRIED MARRIED WITHHOLD AT HIGHER SINGLE RATE

FEDERAL EXEMPTIONS \_\_\_\_\_ ADDTL \$ \_\_\_\_\_ FLAT \$ \_\_\_\_\_

SHOULD STATE TAX BE WITHHELD? YES  NO

IF YES, WHICH STATE? VA MD DC OTHER \_\_\_\_\_

STATE EXEMPTIONS \_\_\_\_\_ ADDTL \$ \_\_\_\_\_ FLAT \$ \_\_\_\_\_

IF MARYLAND, WHICH COUNTY? \_\_\_\_\_

STATE IN WHICH EMPLOYEE "WORKS" VA MD DC OTHER \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_