



OrionStar Technology, LLC

Direct Deposit Enrollment/Change Form

Employee Name _____ Employee Number _____

EMPLOYEE: Retain a copy of this form for your records. Return the original to your employer.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From ____% to ____% of Net <input type="checkbox"/> From \$ _____.00 To \$ _____.00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From ____% to ____% of Net <input type="checkbox"/> From \$ _____.00 To \$ _____.00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account(s) allow these transactions. 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 to make direct deposits into the named account.

Employee/Worker Signature _____ Date _____

Note: Digital or Electronic Signatures are **not** acceptable.

One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)
- ☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- ☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)
- ☐ Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:
I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Printed Name: _____

Employer Signature: _____ Date _____

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.