

PAYCHEX® Employee Direct Deposit - Access Card Application

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit, Access Card, or 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).

PAYCHEX Use Only

Account No. _____

Routing/Transit No. _____

EMPLOYEE - Required Information

PLEASE PRINT
Employee Name _____

Social Security No. ____/____/____

Preferred Language English Spanish

EMPLOYER - Required Information

PLEASE PRINT
Client Name PROVISIO GROUP LTD

Branch/Client No. 0007

Federal ID No. 76-0573914

Complete for DIRECT DEPOSIT

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

Checking
Bank Name _____
(Attach only a void check, bank letter, or specification sheet. No deposit tickets allowed.)
I wish to deposit (check one):
 Entire Net Pay
 ____% of Net
 Specific Dollar Amount \$____.00

Savings
Bank Name _____
(Attach only a bank letter or specification sheet. No deposit tickets allowed.)
I wish to deposit (check one):
 Entire Net Pay
 ____% of Net
 Specific Dollar Amount \$____.00

Complete for ACCESS CARD

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.

I wish to deposit (check one):
 Entire Net Pay ____% of Net 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 ____/____/____

Additional Card Requested
Additional Card Holder Name _____
Additional Card Holder Social Security No. ____/____/____

I hereby authorize my employer, PROVISIO GROUP (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any 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 my earnings into my account by Paychex may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Paychex from my employer's 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 indemnify 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 judgment in any jurisdiction in which the non-prevailing party does business.

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

Employee Signature _____ Date ____/____/____ **Return this original form to your employer**