



Paylocity Corporation Bank Account Change/Addition Form

*****CANNOT ACCEPT THIS FORM WITHOUT ONE OF THE FOLLOWING*****

- 1. A Voided Check**
- 2. MICR Specification Sheet**

Please submit this form AT LEAST 3 DAYS before transmitting the effected payroll.

Lastly, call the day payroll is being transmitted to verify the account(s) have been changed and submit your payroll no later than 3PM (CST).

Company Code _____

Company Name _____

Company Contact _____

Company Phone # _____

What will this account handle the funds for? (Check all that apply)

Payroll Checks Direct Deposits Taxes Billing Agency Checks

(If applicable)

OLD Account Number _____

OLD Routing Number _____

NEW Account Number _____

NEW Routing Number _____

Would you like to continue with your current check number sequence? YES NO

If No; please write the New Starting Check Number _____

Is this account using fraud protection or positive pay? YES NO

What Payroll Check Date will this account be active for? _____

MANUAL CHECK STOCK

Do you need new manual check stock printed? YES NO

If yes; how many? _____ (Min 25)

Starting Manual Check Stock # _____

Next day? _____

Manual check stock will be delivered with the following payroll processed, unless you have the Next day service requested.

Please send this form via Fax: 847-956-1926 or email to service@paylocity.com.