

BANK ACCOUNT CHANGE/ADDITION FORM

FORMS MUST BE RECEIVED 2 DAYS PRIOR TO EXPECTED SUBMIT DATE!

If your company is set up on reverse wires for any applicable liabilities, please email Wires@paylocity.com to update your information	
COMPANY CODE	_
COMPANY CONTACT	PH#
WHICH SERVICE(S) WILL THIS ACCOU	UNT FUND? (Check all that apply)
☐ Payroll Checks	((
Direct Deposits	
 □ Taxes	
☐ Billing	
☐ Agency Checks	
OLD ACCOUNT #	OLD ROUTING #
	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS:
	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS:
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS:
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS: your current check number sequence? YES NO* starting check number
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s	your current check number sequence? YES NO*
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s	your current check number sequence? YES NO* starting check number Expected Submit Date*
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s Effective Check Date ANUAL CHECK STOCK	your current check number sequence? YES NO* starting check number Expected Submit Date*
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s Effective Check Date ANUAL CHECK STOCK	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS: your current check number sequence? YES NO* starting check number Expected Submit Date* *Expected submit day should be at least 2 days prior to check date. tock printed? YES NO If YES, how many? (Minimum 25)*
*PAYLOCITY WILL NOT ACCEPT THIS • A VOIDED CHECK • MICR SPECIFICATION SHEET 1. Would you like to continue with y * If no; please list the new s Effective Check Date ANUAL CHECK STOCK you need new blank manual check so arting Manual Check Stock # ders should be requested in 25 count intervals.	S FORM WITHOUT ONE OF THE FOLLOWING ITEMS: your current check number sequence? YES NO* starting check number Expected Submit Date* *Expected submit day should be at least 2 days prior to check date. tock printed? YES NO If YES, how many? (Minimum 25)*



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ACH DEBIT FILTER/POSITIVE PAY

1. Does this new bank account have an ACH Debit Filter or Fraud Protection?

YES NO

If you answered "YES" to having an ACH Debit Filter, please contact your Client Service Representative and they will provide you with the necessary ACH Origin ID numbers to have the filter removed.

2. Would you like Paylocity to automatically transmit a Positive Pay file to your bank? YES NO

If you answered "YES" to wanting Paylocity to automatically transmit your Positive Pay file, please initiate contact with your bank and let them know you would like to authorize Paylocity to automatically transmit your positive pay file. Your bank will then have you sign documentation and provide you with a Technical Contact that you will need to share with your Client Service Representative in order for us to proceed.

Each new bank account change requires a new Positive Pay File setup. Fees start at \$525 and a \$15 per payroll fee. **Please allow an additional 2-4 weeks for set-up time**.

Paylocity provides a Positive Pay File Report located in Reports/Analytics > Reports Library. This report may be accepted by your bank until you have been notified by Paylocity that your positive pay file transfer set-up has been completed.

For more information, contact your Client Service Representative.

Does Paylocity provide Automatic File Transfer service? If so, please list the vendor (i.e. John Hancock, Nationwide, Bank of America, etc.)

PLEASE SEND YOUR COMPLETED FORMS TO:

EMAIL: SERVICE@PAYLOCITY.COM FAX: 847-956-1926