

## **Payroll Information**

All employees must register for our direct deposit payroll which is provided by Paychex. Please complete the **Paychex Direct Deposit Enrollment/Change Form** (enclosed). We no longer offer paper payroll checks.

Complete the form with your bank account information and required account number documentation (voided check or bank letter) and send it to us by fax or email.

If you do not have a bank account, you will be required to setup direct deposit to a reloadable debit card. You can obtain these at most major retailers such as Walgreens, Walmart, CVS, Target, etc. If you would like to order a reloadable card from our payroll provider, there is a **Skylight PayOptions Program** brochure on our web site.

Once you have registered for a reloadable debit card, you will need to login to the debit card web site and print a direct deposit form to fax or email this to us.

If you have any questions or concerns in completing the forms, contact us via email or telephone.

## **Online Paystubs via Paychex Flex**

**Effective July 1, 2015 all employees will be able to access their paystubs online 24/7 via computer or smartphone** through the <https://myapps.paychex.com> web site and the **Paychex Flex app** (iOS & Android). Instructions will be published on our company web site. Overall the registration to access the paystubs is very easy and takes only a few minutes by simply registering your personal information to create a Paychex Flex user account (you must register on their web site before using the phone/tablet apps). If you need a copy of your paystub and do not have internet access, please contact us to make arrangements to get copies. **Beginning with the August 14<sup>th</sup>, 2015 payroll we will no longer mail paystubs.**

## **Employee Benefits & Paid Time-Off**

- A. **Paid Time-Off** - ACP PCA Choice employees will begin accruing Paid Time-Off (PTO) beginning July 1, 2015 as required by the collective bargaining agreement between the State of Minnesota and the SEIU Healthcare Minnesota (PCA Union). PCA Choice employees will earn 1 hour of PTO for every 52 hours worked. Once an employee has worked 600 hours (after July 1, 2015) they will be eligible to redeem PTO pay by submitting a PTO Request Form to their Consumer for advance approval and eventual processing on the applicable payroll. ***Employees cannot take PTO without approval of their Consumer.***
- B. **Health & Dental Insurance** - ACP currently does not pay for health/dental insurance. If required by the government, ACP will allow eligible employees to use pre-tax dollars to be applied for employee paid health plan benefits. **ACP currently does not have enough "Full Time Equivalent" employees to be required to offer health insurance under the Affordable Care Act (ACA). When this changes, employees will be required to complete paperwork to meet the ACA requirements.**



## Direct Deposit Enrollment/Change Form

Company Name \_\_\_\_\_ Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

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

**EMPLOYERS:** Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

### 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 \$_____ .00 <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 \$_____ .00 <input type="checkbox"/> Remainder of Net Pay

#### 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 Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

### 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. I agree that direct deposit transactions I authorize comply with all applicable law. 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.