

**Paychex Flex<sup>SM</sup> Enrollment Form For Financial Advisors**  
<https://www.paychex.com/partnerships/financial-advisors>

Create New Account (All fields are required unless otherwise specified)

**Financial Advisor Information**

Name	_____	M (Optional)	_____
Street Address	_____		
City	_____	State	_____
		ZIP	_____
Email Address	_____		
Company Firm Name	_____		
Broker Branch ID (if applicable)	_____		
Broker Rep ID (if applicable)	_____		
Broker Dealer Firm Name (if applicable)	_____		
CRD Number (if applicable)	_____		

**Login and Security Information** (Date of birth and phone number are required for the self-username/password reset option within Paychex Flex)

User Name First Choice	_____
	(Between 8 - 18 characters must contain <b>one</b> number)
User Name Second Choice	_____
	(Between 8 - 18 characters must contain <b>one</b> number)
What is your date of birth?	_____
	(Please provide full date of birth xx/xx/xxxx - Required to complete online setup)
What is your phone number?	_____
	(Required to complete online setup)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Within three business days after receipt of a completed and accurate enrollment form, an email will be sent to the email address provided above. Click on the link within the body of the email to complete the registration. The date of birth and phone number entered above will be required to complete the online registration setup.

Return this form to: Email: [FAsupport@paychex.com](mailto:FAsupport@paychex.com)  
Fax to: 585-389-7704