



We provide quality pharmacy professionals.

100 E. Homer Adams Pkwy. Alton IL 62002 ph. 618.462.2484 fax 618.465.7221 www.metroph.com

Direct Deposit Program

Tired of waiting on the postman for your check only to rush to the bank and wait in line to deposit your check? Direct deposit is a great way to ensure that your paycheck makes it to the bank on time. All you have to do is complete the Application for Direct Deposit on the opposite side of this page. We must have an email address or fax number for you in order to provide this service. This will allow us to fax or email your check detail to you before your deposit has been made. Also, we will need a copy of a voided check for each account that you wish to have funds deposited into.

*******Please note that deposits made to accounts other than checking accounts require a valid routing number from your bank. The routing number on deposit slips and coupons are invalid for direct deposit purposes.*******

The money from your check will be deposited on the Wednesday following the date of the check. For instance, a check cut on 01/20/2017 will be deposited directly into your account on the morning of 01/25/2017. With direct deposit, there will be no more rushing home to try to cash your check or to put it in the night deposit. In addition, you will have the ability to preview your check via your check detail. This way, we can correct any errors before the check is actually deposited. These steps should help safeguard against errors in payment. We hope you will take advantage of this service.

Thank you for working with Metro RPh!

ATTACH VOIDED CHECK HERE

Direct Deposit Authorization

Name: _____

Social Security Number: _____

Bank Name and Branch: _____ Bank Phone #: _____

Routing number: _____ Account Number: _____

Percent of check OR flat amount to deposit to this account out of each check _____% OR \$_____.__

Bank Name and Branch: _____ Bank Phone #: _____

Routing number: _____ Account Number: _____

Percent of check OR flat amount to deposit to this account out of each check _____% OR \$_____.__

My email address: _____ or My fax number: _____
(one or the other is **required** to participate in this program)

Please initial each of the following:

___ I hereby request that my net check be deposited into the above-named bank account(s) each pay period. I authorize Metro RPh and Metropolitan Registered Pharmacists to withdraw any funds deposited in error to my account.

___ I understand that I can cancel this service at any time by writing to :

Metro RPh
Attn: Support Services Department
100 E. Homer Adams Parkway
Alton, IL 62002

Or faxing: (618) 465-7221
Attn: Support Services Department

___ I have attached a copy of a voided check for the account that all funds are to be deposited into. If my account is not a checking account, I have attached a copy of a deposit slip for this account.

Signed _____

Date _____

Please attach a copy of a voided check for each account that you wish to deposit into. Routing numbers on deposit slips are not valid for direct deposit purposes.

*Please retain a copy of this form for your records.