



EMPLOYEE PAYCHECK PREFERENCE FORM

_____ YES, I would like to use direct deposit via my checking account. *If this selection is chosen, please provide a voided copy of a blank check from your banking institution.*

_____ YES, I would like to use an ATM check card which will be provided by myself the employee.

Employee name: _____ Date: _____

S.S.N. # _____

Employee Signature: _____

Employee Banking Account Number: _____

Employee Bank Routing Number: _____

Name of Bank: _____

PLEASE SIGN, DATE AND FAX THIS FORM TO: 1-877-848-2730 or email to corporate@apexpharmacysolutions.com