



**We provide quality pharmacy professionals.**

100 E. Homer Adams Pkwy. Alton IL 62002 ph. 618.462.2484 fax 618.465.7221 [www.metroph.com](http://www.metroph.com)

### Direct Deposit Program

Your check will be deposited to your checking account (we don't have the option for loading cards) on Friday morning – two weeks in arrears of the day you work. We will email your check detail to you on the Monday or Tuesday before your deposit is due. That way, if you see any errors on your check, you can bring them to our attention before the money goes into your account. This helps us safeguard against errors in payment.

### Sample Payment Process

Your Work Week	Timesheet Due by NOON	Email Detail Goes Out	Check Deposited
4/28/2019 – 5/4/2019	5/6/2019	5/14/2019 at the latest	5/17/2019
5/5/2019 – 5/11/2019	5/13/2019	5/21/2019	5/24/2019
5/12/2019 – 5/18/2019	5/20/2019	5/28/2019	5/31/2019
5/19/2019 – 5/25/2019	5/27/2019	6/4/2019	6/7/2019
5/26/2019 – 6/1/2019	6/3/2019	6/11/2019	6/14/2019
6/2/2019 – 6/8/2019	6/10/2019	6/18/2019	6/21/2019
6/9/2019 – 6/15/2019	6/17/2019	6/25/2019	6/28/2019
6/16/2019 – 6/22/2019	6/24/2019	7/2/2019	7/5/2019
6/23/2019 – 6/29/2019	7/1/2019	7/9/2019	7/12/2019
6/30/2019 – 7/6/2019	7/8/2019	7/16/2019	7/19/2019
7/7/2019 – 7/13/2019	7/15/2019	7/23/2019	7/26/2019
7/14/2019 – 7/20/2019	7/22/2019	7/30/2019	8/2/2019
7/21/2019 – 7/27/2019	7/29/2019	8/6/2019	8/9/2019
7/28/2019 – 8/3/2019	8/5/2019	8/13/2019	8/16/2019
8/4/2019 – 8/10/2019	8/12/2019	8/20/2019	8/23/2019
8/11/2019 – 8/17/2019	8/19/2019	8/27/2019	8/30/2019
8/18/2019 – 8/24/2019	8/26/2019	9/3/2019	9/6/2019
8/25/2019 – 8/31/2019	9/2/2019	9/10/2019	9/13/2019
9/1/2019 – 9/7/2019	9/9/2019	9/17/2019	9/20/2019
9/8/2019 – 9/14/2019	9/16/2019	9/24/2019	9/27/2019
9/15/2019 – 9/21/2019	9/23/2019	10/1/2019	10/4/2019
9/22/2019 – 9/28/2019	9/30/2019	10/8/2019	10/11/2019
9/29/2019 – 10/05/2019	10/7/2019	10/15/2019	10/18/2019
10/06/2019 – 10/12/2019	10/14/2019	10/22/2019	10/25/2019
10/13/2019 – 10/19/2019	10/21/2019	10/29/2019	11/1/2019
10/20/2019 – 10/26/2019	10/28/2019	11/5/2019	11/8/2019
10/27/2019 – 11/02/2019	11/4/2019	11/12/2019	11/15/2019
11/03/2019 – 11/09/2019	11/11/2019	11/19/2019	11/22/2019
11/10/2019 – 11/16/2019	11/18/2019	11/26/2019	11/29/2019
11/17/2019 – 11/23/2019	11/25/2019	12/3/2019	12/6/2019
11/24/2019 – 11/30/2019	12/2/2019	12/10/2019	12/13/2019
12/01/2019 – 12/07/2019	12/9/2019	12/17/2019	12/20/2019
12/08/2019 – 12/14/2019	12/16/2019	12/24/2019	12/27/2019
12/15/2019 – 12/21/2019	12/23/2019	12/31/2019	1/3/2019
12/22/2019 – 12/28/2019	12/30/2019	1/7/2020	1/10/2019

ATTACH VOIDED CHECK HERE

## Direct Deposit Authorization

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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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 \$ \_\_\_\_\_.

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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 \$ \_\_\_\_\_.

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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  
(618) 465-7221  
Attn: Support Services Department

Or faxing:

\_\_\_ 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. Without this Metro RPh cannot guarantee correct routing to your account.

Signed \_\_\_\_\_ Date \_\_\_\_\_ \*Please retain a copy of this form for your records.