



Direct Deposit Account Information

To receive a direct deposit from RxSun and Paychex, you must provide your banking information, as well as a copy of a voided check or a bank statement release.

Please make sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

1. Bank Name _____

City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to deposit: \$_____ or Entire Net Amount

2. Bank Name _____

City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to deposit: \$_____ or Entire Net Amount

3. Bank Name _____

City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to deposit: \$_____ or Entire Net Amount

Employee Name: _____ Social Security # ----- _____

Employee Signature: _____ Date: _____