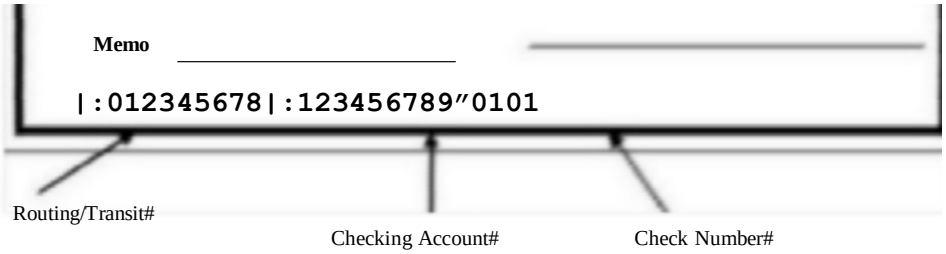
401 East Jackson Street, Suite 3300, Tampa, FL 33602 United States.

Employee's Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to your supervisor manager. Attach a voided check for the checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Aspen RxHealth LLC to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Aspen RxHealth to my account.

***Employee Name**: James Lavala

***Date:** 6/5/2026 ***Employee Signature:** James Lavala Jr

The last item must be for the amount owed to you during training hours, working hours and funds for your materials. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, if less than your total net paycheck.

Bank Name/City/State: Fifth Third Bank, N.A.

Routing Transit#: 071922476 Account Number: 8200744716635821

1Checking (X) Savings ( ) I wish to deposit: $..... or (X) Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

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