



SUPREME CHOICE HEALTHCARE DIRECT DEPOSIT AGREEMENT

Employee Direct Deposit Authorization

Instructions

This document must be signed by employees requesting automatic deposit of paychecks and retained on file with Supreme Choice Health Care and the Certified Public Accountant completing payroll for the agency. Employees must attach a voided check and or a statement displaying each of their accounts to help verify their account numbers and bank routing numbers. The account must belong to the employer. Direct deposit of payroll will be mandatory for all employees.

Account 1

Account 1 type: Checking Savings

Bank Name: _____

Account Routing Number: _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

attach a voided check for each account here

Authorization

This authorizes SUPREME INVESTMENTS, LLC DBA SUPREME CHOICE HEALTHCARE to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts that I identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

First Initial, and Last 4 of Social