



Direct Deposit Authorization Form

Name _____ Date _____

Signature _____

By signing this form you agree to authorize Rock Coast Personnel to make Payroll Deposits and adjustments directly to the accounts specified below.

Please specify the account(s) that you wish to make a deposit to. Primary deposits must be made to Checking. A flat amount may be deposited to one or more Savings Accounts. Please specify the amount(s) to be deposited to Savings Accounts. Please attach a voided check to this form for Checking. For deposit to a Savings Account please attach a Deposit Slip.

Deposit to Checking

Savings Amt. _____

E-Mail Address: _____

Note: Direct Deposit slips are delivered via e-mail. The PDF file requires the first 4 letters of the employee's last name and the last 4 digits of the Social Security number to open. This protection prevents unauthorized viewing.