

Direct Deposit Authorization

Company Name: _____

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

I hereby authorize and request you to:

Deposit my net pay to Coastway Community Bank
Account #: _____ Savings Checking

Deduct \$ _____ from my net pay and deposit to Coastway
Account #: _____ Savings Checking

This authorization may be canceled at any time by notification to the company. Any such notification shall be effective only after the company has had reasonable time to act upon it.

Signature of Employee

Date

Coastway Community Bank
One Coastway Boulevard
Warwick, RI 02886
ABA #: 211573229