



Direct Deposit Enrollment Form

Complete the form below and submit to your employer/payer.
If your employer/payer prefers to use their own direct deposit enrollment form, you may use this as a reference.

Name

Address

City

State

ZIP

Email Address

Deposit Account Types

Checking Account

Deposit Amount:

*Indicate percentage
or dollar amount*

Account #:

Routing #: 113024588

Financial Institution: Coastal Community Bank

Savings Account

Deposit Amount:

*Indicate percentage
or dollar amount*

Account #:

Routing #: 113024588

Financial Institution: Coastal Community Bank

Authorization

I authorize _____ (employer/payer), and Coastal Community Bank to automatically deposit my payroll check into my account(s) listed above. This includes my authorization to correct any entries made in error.

This authority will remain in effect until this employer/payer has received written notification from me of its termination in such time as to afford employer and Coastal Community Bank a reasonable opportunity to act on it.

Signature Please download form to e-sign

Date