

DIRECT DEPOSIT AGREEMENT

I hereby authorize ROCS, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize ROCS, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Furthermore, I agree not to hold ROCS, Inc. responsible for any delay or loss due to incorrect or incomplete information supplied by me or by my financial institution due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ROCS, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit agreement form to the payroll department.

ACCOUNT INFORMATION

Name of Financial Institution

Routing #

Checking

Savings

Account #

Employee Signature

Authorized Signature (ROCS, Inc.)

Printed Name

Date

Printed Name

Date

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN THIS FORM TO THE ROCS PAYROLL DEPARTMENT.