



Direct Deposit Transfer Letter

This form should be completed, signed and submitted to any employer/vendor originating a direct deposit to your account.

Request for new direct deposit

Change existing direct deposit

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name **Community Bank, N.A.**

Bank Routing Number: **021307559**

Account Number: _____

Account Number: _____

I authorize _____ (employer/vendor) to make direct deposits to the account(s) indicated above.

Customer's Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____