



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: _____

Company Address: _____

City: _____ State: _____ ZIP Code: _____

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

Bank Routing Number: **021307559**

Account Number: _____ Checking Savings

Account Number: _____ Checking Savings

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

Customer's Signature: _____ Date: _____

Print Name: _____

SS#: (Only needed for Social Security Direct Deposit) _____

Customer's Address: _____

City: _____ State: _____ ZIP Code: _____

