Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Century Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change			Direct Deposit Checklist		
Company or Employer:			Use this list to remember all your direct deposits you need		
Address:			to transfer. These are the most common direct deposits.		
City, State, Zip:			Payroll		
Phone Number:			Investments		
Employee ID: (if applicable)			Retirement Plans Social Security		
Effective immediately, ple	ease deposit the net amo	unt of my check to my Century Bank			
account. I authorize (nam	e of depositor)				
to automatically deposit f	unds into the account be	low. This authorization shall remain in			
place until I have submit	ed a new authorization, o	or until this authorization is changed or			
revoked by me in writing.					
Place an X next to your desir	ed option.				
Net amount t	o Century Bank CHECKING	i de la constante de la constan			
Account #		Routing # 061101773			
Net amount t	o Century Bank SAVINGS				
Account #		Routing # 061101773			
Signature:		Date:			
Name:					
Address:					
City, State, Zip:					
Phone Number:					



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