



169 West 6th Eugene, OR 97401
www.century-bank.org
541-684-0515

Authorization to Transfer Accounts

Please Print Clearly

Date: _____ Bank / Credit Union to transfer from: _____

Address: _____ City _____ State _____ Zip _____

Please close the accounts noted on the back and send a check for the balance of each account to Century Bank. I am aware there may be outstanding checks, automatic payments and automatic deposits that may be presented to my previous account(s). My transfer request takes these items into consideration.

If you have questions, please contact: _____
at Century Bank 541-684-0515.

Thank you for your assistance,

Customer Signature

Please close:

Transfer to:

Checking #: _____ # _____ at Century Bank

Checking #: _____ # _____ at Century Bank

Checking #: _____ # _____ at Century Bank

Savings #: _____ # _____ at Century Bank

Savings #: _____ # _____ at Century Bank

Savings #: _____ # _____ at Century Bank

_____ IRA's, please provide the necessary transfer documents

_____ CD's please provide the necessary transfer documents

EXPECT MORE

Automatic Payment Transfer Request

I recently moved my banking to Century Bank. Please accept this form as my authorization to redirect my automatic payment to my new Century Bank checking account. PLEASE PRINT CLEARLY

Transit Routing Number: 1 2 3 2 0 6 9 2 7

Account Number: _ _ _ _ _

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Company: _____ Acct Number: _____

Thank you for your assistance

Customer Signature

Date

Authorization to Establish Direct Payment

Company Name: _____

Customer Account Number (if applicable) _____ and Century Bank are authorized to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Century Bank a reasonable opportunity to act on it. I can stop payment on any entry by notifying Century Bank 3 days before my account is charged. PLEASE PRINT CLEARLY

Century Bank, Operations Center, P.O. Box 769, Eugene, OR 97440

Customer Name: _____

Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: _____

Transit Routing Number: 1 2 3 2 0 6 9 2 7

Checking Account Number: _ _ _ _ _

PLEASE ATTACH A VOIDED CHECK

EXPECT MORE

Employee Payroll Authorization

Fill out and return to your Payroll Department

I authorize you and Century Bank to initiate electronic credit entries each payday to my: (*check one*) Checking Account ____ Savings Account _____. This authority will remain in effect until I have cancelled it in writing.

PLEASE PRINT CLEARLY

Employee's Name: _____

Transit Routing Number: 1 2 3 2 0 6 9 2 7

Account Number: _ _ _ _ _

PLEASE ATTACH A VOIDED CHECK

EXPECT MORE