



169 West 6<sup>th</sup> Eugene, OR 97401  
[www.century-bank.org](http://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**