



❖ Please complete this form for each depositor (Employer, Social Security, etc.) with whom you have an arrangement for direct deposit.

Authorization to Change Direct Deposit

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SSN # _____

I am in process of moving my account from: _____
(Name of the bank where account is closing)

Old Account # _____ Checking Savings

Effective _____, 20____, please begin direct deposit to my new account at Community Bank of the Bay.

New Account # _____ Checking Savings

ABA/Routing #121142407

❖ Please find attached a voided check to verify my account number.

Authorized by X _____ Date _____

Employer _____ Account/Reference No. _____