



Direct Deposit/Automatic Payment Authorization Form

Use this form to notify all of the businesses that have your monthly payments automatically withdrawn from your account such as insurance premiums, loan payments, or utility bills. Additionally, use this form to notify your employer(s), social security administration, and other businesses that may direct deposit funds into your account.

To: _____
Company/Organization name

Company Address

City, State Zip

Subject Account Number

From: _____
Your Name

Your Address

City, State Zip

To Whom It May Concern:

Please redirect my direct deposit/automatic payment for the above account number to my new bank account as directed below.

Cumberland Federal Bank, FSB

ROUTING NUMBER: 291871226

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS
PLEASE REDIRECT MY: DIRECT DEPOSIT AUTOMATIC PAYMENT
EFFECTIVE: IMMEDIATELY BEGINNING ___/___/___

DEPOSIT INSTRUCTIONS: DEPOSIT THE ENTIRE AMOUNT TO ACCOUNT # _____
 DEPOSIT \$ _____ TO ACCOUNT # _____ AND THE
REMAINDER TO ACCOUNT # _____

If you have any questions about this request, please contact me at

Signature Date

(Attach Voided Check from New Account)