

DIRECT DEPOSIT FORM

PENSION PLAN: _____

PAYEE INFORMATION

NAME: _____

SOCIAL SECURITY #: _____ PHONE NUMBER: _____

ADDRESS: _____

BANK INFORMATION

RECEIVING BANK NAME: _____

BANK ADDRESS: _____

BANK CONTACT & PHONE #: _____

ACCOUNT #: _____

ROUTING/ABA #: _____

CHECK ONE: CHECKING* SAVINGS*

***ATTACH ONE OF THE FOLLOWING:**

- VOIDED CHECK
- ACCOUNT VALIDATION FROM YOUR BANKING INSTITUTION

Authorized Signature: _____

Date: _____

MAIL TO: COMMUNITY BANK, N.A.
ATTN: TRUST PENSION GROUP
P.O. BOX 690
OLEAN, NY 14760

CONTACT US: (716) 376-7478
pensiongroup@cbna.com