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# Make the SWITCH to New Century Bank *...& we'll make it EASY for you.*

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## WELCOME TO NEW CENTURY BANK!

We've made switching your checking account as easy as *1-2-3*.



Name: \_\_\_\_\_

If joint, other account holder's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Telephone: (Day) \_\_\_\_\_ (Evening): \_\_\_\_\_



Information regarding automatic payments from or deposits to your account should be reflected on your most recent checking account statement from your current bank. ***Please share with us a copy of your most recent checking account statement, or if you prefer, complete the information under the "Listing of Automatic Payments/Deposits" section.***



**Yes! I would like to switch my checking account to New Century Bank. By signing below, I am authorizing New Century Bank to begin the process of transferring my automatic payments/deposits to my account with New Century Bank.**

Your signature: \_\_\_\_\_

Joint accountholder's signature: \_\_\_\_\_

### ***ONE THING MORE —***

If you would like to have your employer directly deposit your payroll to your New Century Bank account, simply give your employer a voided check from your new account.



**STEP 2** — **LISTING OF AUTOMATIC PAYMENTS/DEPOSITS:**

**SOCIAL SECURITY DEPOSITS**

Please work with a bank representative to fill out a Social Security Direct Deposit form to begin having your payments deposited directly into your New Century Bank account. You may also make the change online ([www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm)) or by phone (1-800-772-1213); if you choose online or phone, have your account number and bank routing number (053112330) available.

**MONTHLY**

Company/Organization	Account #	Amount	Payment From/Deposit To
_____	_____	_____	_____ or _____
_____	_____	_____	_____ or _____
_____	_____	_____	_____ or _____
_____	_____	_____	_____ or _____

**OTHER TIME PERIOD**

Do you have payments from or deposits to your account that occur less frequently (e.g., quarterly, biannually, or annually)? If so:

Company/Organization	Account #	Amount	Payment From/Deposit To	Frequency
_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____ or _____	_____
_____	_____	_____	_____ or _____	_____

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## BANK DRAFT AUTHORIZATION FORM

*I authorize \_\_\_\_\_ to begin deductions from my  
account at New Century Bank for payment of my bill for \_\_\_\_\_.*

### SERVICE ACCOUNT INFORMATION:

Name (as shown on bill; please print): \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

### BANK INFORMATION:

Bank: New Century Bank Routing/Transit Number: 053112330

Please indicate which account to debit: Checking Account \_\_\_\_\_ OR Savings Account \_\_\_\_\_

Account Number: \_\_\_\_\_

I have attached a “voided” check or deposit slip for this account, which shows my account number and information regarding New Century Bank.

### AUTHORIZATION:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SEND TO:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_