



Authorization to Change Direct Deposit / Automatic Payment



Complete and submit this form to each company with which you have already created a Direct Deposit or Automatic Payment that now needs to be changed. You may be asked to include a voided check.

Direct Deposit – Change

Automatic Payment – Change

Business Information

Company Name: _____

Account #, Company ID, or SSN: _____

OLD Bank Account Information

I have closed my account at: _____

Effective date of the account closing: _____

Old account number: _____

I hereby authorize the alteration of the existing Direct Deposit or Automatic Payment for my new account at American Community Bank as identified below.

NEW Account Information – American Community Bank

Name(s) on account: _____

Checking account number: _____

Savings/Money Market account number: _____

Effective:

Immediately

Beginning: _____ / _____ / _____

American Community Bank ABA routing number:

271974017

If you have questions about this request, please contact me:

Name: _____

Phone: _____

Signature: _____

Date: _____

For help with Social Security, please call the Social Security office at 800-772-1213.

