



## 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.*