



Direct Deposit Enrollment Form

- ▶ **Quick!** *Your funds are automatically deposited into your account. Your money is available immediately.*
- ▶ **Safe!** *A secure, electronic transaction ensures no more lost or misplaced checks. You'll receive a paper receipt for your records.*
- ▶ **Easy!** *Simply fill out this form. You may be asked to include a voided check. The company that receives this information will handle the rest.*

Deliver this completed form to request Direct Deposit of your funds into the specified account.

Your Information	
Your Name:	_____
Your Address:	_____
Your City, State and Zip Code:	_____
Your Phone:	_____

Company Information	
Company Name:	_____
Company Address:	_____
Company City, State and Zip Code:	_____
Account #, Company ID, or SSN:	_____

Please have my funds automatically deposited into the following account.

- Checking account number: _____
- Savings/Money Market account number: _____

American Community Bank ABA routing number: **271974017**

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

I hereby authorize (name of business) _____ to automatically deposit my funds into the above-specified account at American Community Bank, including the ability to make adjustments if necessary. This authorization will remain in effect until I provide written cancellation.

Signature: _____ Date: _____

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