

Authorize automatic withdrawals

Checking Switch Kit

Authorization for Automatic Payment (Vendor)

Sign and complete this letter for each company or organization with whom you have arranged for automatic payment. Visit your Atlantic Community Bank branch for additional forms or call 843-815-7111 to have them mailed to you. Once completed, please bring the form(s) back to Atlantic Community Bank and we'll take care of the changeover. If you prefer, you can mail the form(s) directly to the company or organization.

To Whom It May Concern:

I hereby authorize payment amount of _____ to be drafted from my new checking account at Atlantic Community Bank, Post Office Box 3077, Bluffton, SC 29910 on the _____ day of the month. The ABA routing number is _____ and my new account number is _____ . The phone number at Atlantic Community Bank is 843-815-7111.

Account holder's signature

Date

Account holder's daytime phone number

PLEASE PRINT

Name of the company to receive this form:
Address where payment is sent:
Account number at this company:
Telephone number of this company:
Your name(s):
Your address:

***PLEASE ATTACH A VOIDED CHECK FROM YOUR NEW CHECKING ACCOUNT.**