

Switch my direct deposit

Checking Switch Kit Direct Deposit Change Notice

Complete this form for each company or organization with whom you have arranged for Direct Deposit. Visit your Atlantic Community Bank branch for additional forms or call 843-815-7111. 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.

Please provide the following information about yourself:

Your Name:	
Your Social Security Number:	
Name of Employer or Agent:	Account Number:
Your street or P.O. Box address:	
City, State, Zip	
Your Telephone Number:	

Please provide the information for your previous financial institution:

I have closed my checking account at: _____ bank.

Effective date of the account closing: _____

Account number: _____

Name(s) on account: _____

Please begin sending the same deposit to my new checking account at:

**Atlantic Community Bank
Post Office Box 3077
Bluffton, S.C. 29910
843-815-7111**

ABA Routing Number: _____

Account Number: _____

Name(s) on Account: _____

Your Signature(s)
Today's date
Your daytime phone number

***PLEASE ATTACH A VOIDED DEPOSIT SLIP FROM YOUR NEW CHECKING ACCOUNT.**