

AUTOMATIC PAYMENT E-Z SWITCH FORM

Utilize this form to notify a company of your request to redirect your automatic payment/deposit to your new Atlantic South Bank account. Please complete one form for each automatic payment/deposit you wish to change.

TO:		
Merchant Name		
Merchant Address		
City/State/Zip		
Merchant Account Number I have opened a new account at Atlantic South my Auto Payment/Auto Deposit to my new Atlaccount listed below.		Attach New Atlantic South Bank Voided Check or Deposit Ticket Here.
Atlantic South Bank Account Number	Merchant: If you are unable to use this form, please send your authorized form to me at the address shown. Thank you!	
FROM:		Attach New Atlantic South Bank Voided Check or Deposit Ticket Here.
Name		
Address		
City/State/Zip		
Social Security Number		
Telephone Number		
Signature		

Date