

DIRECT DEPOSIT E-Z SWITCH FORM

This form authorizes an employer to deposit payroll or other checks into your new Atlantic South Bank account. Please complete one form for each automatic deposit you wish to change.

TO:		
Employer Name		
Employer Address		
City/State/Zip		
Employee ID Number I have opened a new account at Atlantic Soc EXISTING/NEW Direct Deposit to my new Atlantisted below.		Attach New Atlantic South Bank Voided Check or Deposit Ticket Here.
Atlantic South Bank Account Number 061212170 Atlantic South Bank Routing Number	Employer: 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