

# Direct Deposit Enrollment Form



420 W. Germantown Pike, East Norriton, PA 19403

Account Holder Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

**Please send my funds directly to my account at the following bank:**

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_

Bank Phone \_\_\_\_\_

Bank Account Type (*Please check one*) \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Account No. \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOID CHECK.**

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**ABF OFFICE USE ONLY:** Confirmed account details via outgoing call to authorized phone number on file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_