

Change of Direct Deposit Organization Form



420 W. Germantown Pike, East Norriton, PA 19403

Account No. _____

Account Name _____

Account Holder Name _____

Organization Address _____

Telephone No. _____

Email Address _____

Please send my funds directly to my UPDATED 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 _____

****IMPORTANT****

ABF will contact the number on record to verify verbal authorization for your submitted form. Additionally, kindly include a copy of the Board minutes confirming the approved banking change.

PLEASE ATTACH A VOID CHECK.

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

Signature: _____ Date: _____