



ACNB Bank Automatic Payment Change Form

Please use this form to notify a company of your request to start or redirect your automatic payment to your new ACNB Bank account. Complete one form for each automatic payment to be changed.

To: _____

Name of Company Making Automatic Withdrawals

Company Address

City, State and Zip

Account Number

I have opened a new account at ACNB Bank. Effective immediately, please redirect my automatic payment so that it's deducted from my new account. The new bank account information is noted below:

ACNB Bank Routing/Transit Number: 031309945

New Account Number: _____

Should you have any questions regarding this matter, please contact me at the phone number below. If you are unable to accept this form, please mail your authorized form to me at the address below. Thank you for your immediate attention to this matter.

Direct Debit Authorization:

Name (First/Middle/Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Signature (Required): _____ Date: _____