Switch To BankName

It's Quick and Easy...

Just print the forms below and follow these instructions.

Step 1: Complete our **New Account Information Form,** so we'll have what we need to open your account(s). Then, stop by to select your check style, present identification, and sign a signature card, so we can open your account.

Step 2: Send a **Direct Deposit Request Form** to your employer and other sources, so your funds can be automatically deposited to your account. If you already have Direct Deposits going elsewhere, you can also use this form to switch them to your new account with us.

Step 3: Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments so they'll come out of your new account with us.

Step 4: Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE your close your old account.

BankName

New Account Information

The purpose of this questionnaire is to begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at an BankName office before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

Individual Account

_____
Name

_____
Street Address

_____
City, State, Zip

_____
Mailing Address (if different)

_____
Home Phone Work Phone

_____
Email Address

Joint Account

_____
Name

_____
Street Address (if different)

_____
City, State, Zip (if different)

_____
Mailing Address (if different)

_____
Home Phone Work Phone

_____
Email Address

Primary Account Holder Information

_____
Social Security Number

_____
Driver's License Number Expiration Date

_____
Date of Birth

_____
Alternate Access Code (alpha or numeric)

_____
Employer

_____
Position

Joint Account Holder Information

_____
Social Security Number

_____
Driver's License Number Expiration Date

_____
Date of Birth

_____
Alternate Access Code (alpha or numeric)

_____
Employer

_____
Position

I would like to open:

( ) Personal Checking ( ) Business Checking ( ) Money Market ( ) Statement Savings ( ) CD ( ) IRA

( ) I/we would like an ATM/CheckCard. # of cards: _____

( ) I/we would like transfer capabilities at the ATM and online.

( ) I/we would like free online access to account(s).

Payroll Deposit Authorization Form

Use this form to request the direct deposit of your paryroll check to your BankName Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name)_____, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at BankName, and I authorize and request BankName to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name _____

Address _____

City, State, Zip _____

Telephone _____

Social Security Number _____

(NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit.)

( ) Please send an automatic direct deposit to:

BankName Checking Account Number: _____

BankName Routing & Transit Number: _____

( ) Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): _____

Account #: _____

Please begin sending the same deposit to BankName.

Deposit $_____ OR entire amount to Checking Account #: _____

Deposit $_____ OR entire amount to Savings Account #: _____

I further understand this authorization may be terminated by me at any time by written notification to my employer or to BankName. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BankName shall be effective only with respect to entries credited to my account by BankName after receipt of such notification and a reasonable time to act on it.

Primary Account Owner
Signature _____ Date _____

Member FDIC

Automatic Payment Request

Use this form to request a transfer of an automatic payment to your BankName Account, or to establish a new automatic payment from your BankName Account. Complete this form for each automatic payment, and attach a voided check from your new BankName Account. Please allow sufficient time for your first automatic payments to be activated against your new BankName Account.

To (Company Name): _____

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with BankName. The automatic withdrawal is being applied to the following account, which I have with your organization:

Account Number with Company: _____

Debit Amount: _____

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: _____

Account #: _____

ABA Routing #: _____

Effective immediately, I would like this automatic debit redirected to my new account with BankName as follows:

Account #: _____

ABA Routing #: 000000000

If you have any questions, please call me at the number listed below.

Primary Account Owner: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Account Owner Signature: _____ Date: _____

Account Closing Request

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

To: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

Account Type	Account #	Account Owner Name(s)

(Note: If closing out a passbook account, please include passbook with this letter.)

Pay to the order of: BankName
Together with all interest or dividends that may have become due on above listed accounts.

Forward funds to: BankName
Street Address
City, State, Zip
000-000-0000

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed below.

Primary Account Holder: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____ Date: _____