

Business Account Switch Kit

Welcome to Bank of Bartlett! We are pleased you have chosen us to serve your banking needs. We understand that it's not always simple to switch a banking relationship. That's why we've assembled a checklist and switch kit to help you switch banks in 4 quick steps. If you need assistance, call or stop by your nearest Bank of Bartlett branch, and we will help you through the process.

Open New Account

Stop by any Bank of Bartlett branch and open your new account to start the switch.

Direct Deposit

Redirect your existing direct deposits to your new account. Complete a copy of the attached **Direct Deposit Authorization** for each company that makes direct deposits into your account. You can mail the authorization directly to the company or bring it to your local Bank of Bartlett branch, and we'll take care of it for you. Be sure to include a Bank of Bartlett voided check with your form.

Automatic Bill Payment Authorization

Complete a copy of the attached **Automatic Payments Authorization** for each company that withdraws money from your checking account for a payment. You may send the authorization directly to each company or stop by your local Bank of Bartlett branch, and we'll be glad to mail the authorizations for you.

Closed Account Authorization

Make sure enough funds are in your old account to cover any automatic payments or checks that may be withdrawn. Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals, you are ready to switch. Just complete the attached **Closed Account Authorization**, and send it to your former bank or bring it to your local Bank of Bartlett branch, and we'll handle the rest.



Ready to Switch Transfer Checklist

Use this checklist to make the transition easier

DIRECT DEPOSIT AUTHORIZATION				
Company/Financial Institution	Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete
AUTOMATIC PAYMENT AUTHORIZATIOI	N			
Company/Financial Institution	Type of Payment/Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete
CLOSED ACCOUNT AUTHORIZATION				
Financial Institution	Account Number/Balance	Date Mailed or Contacted	Follow-up Date	Item Complete

HELPFUL HINTS

- Make sure that all automatic payments and direct deposit requests have been processed prior to closing your account. This process could take 1-2 months to take affect.
- Make sure you have enough money in your old account to cover outstanding payments.
- Make sure all checks have cleared your old checking account.
- Stop using your old account. Destroy unused checks, deposit slips, ATM and debit cards.
- Complete the attached forms and send them to the appropriate organizations. Other organizations may require you
 to complete additional forms in order to process your request.



Direct Deposit Authorization

 $Trade\ Payments \cdot Merchant\ Bankcard\ Deposits \cdot Royalties \cdot Rental\ Payments \cdot Investment\ Income$

DEPOSITOR INFORMATION (The company or organization that issues the direct deposit)							
NAME OF COMPANY/ORGANIZATION:	PHONE:						
ADDRESS:		<u> </u>					
CITY:	STATE:	ZIP CODE:					
RECIPIENT INFORMATION (The company into whose ac	count the direct deposit is made)						
COMPANY NAME:							
ADDRESS:							
CITY:	STATE:	ZIP CODE:					
BILLING ACCOUNT NUMBER:	CONTACT NAME:	PHONE NUMBER:					
CURRENT BANK NAME:	ROUTING NUMBER:	ACCOUNT NUMBER:					
BANK ACCOUNT INFORMATION: Please change the account to credit for direct deposit as follows:							
BANK OF BARTLETT ROUTING NUMBER: 084003159							
BANK ACCOUNT NUMBER:	☐ Checking	☐ Savings					
Special Instructions:	- 0	- 0					
AUTHORIZATION: This letter serves as authorization to redirect payments to my new Bank of Bartlett							
account effective immediately:	to rounder payments to my t	TOW Barm of Barnon					
Account Holder Signature:		Date:					
Account Holder Signature:		Date:					

www.bankofbartlett.com



Account Holder Signature:

Automatic Bill Payment Authorization

Utilities · Trade Payments · Loans · Mortgage Payments

Many companies provide information on how to make a change or establish an automatic payment on their website or on their bill/statement. Federal and State Government require their forms for changing bank account information.

Send this form to each company who automatically withdraws payments from your account. Don't forget

automatic payments made online. Include a voided Bank of Bartlett check. Please allow sufficient time for your first automatic payment to be activated against your Bank of Bartlett checking account. BILLER INFORMATION (The company or organization that receives the payment) NAME OF COMPANY: PHONE: ADDRESS: CITY: STATE: ZIP CODE: **CURRENT BANK NAME: ACCOUNT NUMBER: ROUTING NUMBER: PAYMENT DATE:** COMPANY INFORMATION (The company from whose account the automatic payment is made) NAME OF COMPANY: TELPHONE NUMBER: BILLING ACCOUNT NUMBER: ADDRESS: CITY: STATE: ZIP CODE: **CURRENT BANK NAME: ROUTING NUMBER: ACCOUNT NUMBER:** BANK ACCOUNT INFORMATION: Please change the account to debit for payment as follows: BANK OF BARTLETT ROUTING NUMBER: 084003159 BANK ACCOUNT NUMBER: ☐ Checking ☐ Savings PAYMENT AMOUNT: **Special Instructions: AUTHORIZATION:** This letter serves as authorization to redirect my automatic payment to my new Bank of Bartlett account effective immediately: **Account Holder Signature:** Date:

Date:



Request to Close Bank Account

This form can be used to authorize the closure of your account at your previous financial institution. Before closing the account, confirm that any outstanding items have cleared and your direct deposits or automated payments are now posting to your Bank of Bartlett account.

payments are now posting to your Bank or Bankett account.							
FORMER FINANCIAL INSTITUTION INFORMATION							
NAME OF BANK:							
ADDRESS:							
CITY:			STATE:		ZIP CODE:		
PRIMARY ACCOUNT HOLDER I	NFORMAT	ION					
			SOCIAL S	SOCIAL SECURITY NUMBER:			
ADDRESS:				I.			
CITY:	STATE:	ZIF	CODE:	DAYTIM	E PHONE NUMBER:		
Please immediately close and transfer the balances of the following account(s):							
ACCOUNT NUMBER:		☐ Checking ☐ Savings ☐ Other					
ACCOUNT NUMBER:		Checking Savings Other					
ACCOUNT NUMBER:		Checking Savings Other					
Please transfer the remaining balance by check payable to the above Account Holder, c/o Bank of Bartlett. The check should be mailed to Bank of Bartlett, Attn: and mailed to the following address:							
Please reference account number noted below on the check.							
Bank of Bartlett Account Information:							
Bank of Bartlett Routing Number: 084003	3159						
Bank of Bartlett Account Number:							
AUTHORIZATION: This letter served balance of the account(s) as designate account as well. If you have any quest above.	d above. Pl	ease cancel	any ATM and/	or Debit C	ards associated with the		
Account Holder Signature:					Date:		
Account Holder Signature)ate		