

Personal 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, or set up a direct deposit 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Make sure enough funds are in your old account to cover any automatic payments or checks that may be withdrawn.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 AUTHORIZATION	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

Social Security · Payroll & Commissions · Pension/Retirement · Child Support · Investment Income

Send this form to all your direct deposit contacts. If you do not currently have direct deposit, start today by filling out the information below, including your new account number, and sending it to the company/organization. Include a voided Bank of Bartlett check .							
TYPE OF AUTOMATIC DEPOSIT:	☐ Payroll	☐ Pension/Retirement	☐ Investment Income				
□ NEW	Social Security (You may also call 1-800-333-1795 or visit GoDirect.org to set up direct deposit for Social Security payments)						
□EXISTING	Other (Please Specify)						
DEPOSITOR INFORMATI NAME OF COMPANY/ORGANI	COSITOR INFORMATION (The company or organization that issues the direct deposit) IE OF COMPANY/ORGANIZATION: PHONE:						
, , , , , , , , , , , , , , , , , , ,							
ADDRESS:							
CITY:		STATE:	ZIP CODE:				
RECIPIENT INFORMATION							
I/we have established a new according to the state of Part and Par		☐ Please set up direct depo	osit for the account listed				
below to my Bank of Bartlett acc	ount.						
ADDRESS:							
CITY:		STATE:	ZIP CODE:				
SOCIAL SECURITY/ACCOUNT NUMBER:		PHONE:					
CURRENT BANK NAME: (Complete only if you currently receive direct deposit)		ACCOUNT NUMBER:	ROUTING NUMBER:				
BANK ACCOUNT INFORM	MATION: (The account to cre	edit for my direct deposit)					
BANK OF BARTLETT ROUTING	G NUMBER: 084003159						
CHECKING ACCOUNT NUMBER:		Checking	Savings				
Special Instructions:							
AUTHORIZATION: This letter serves as authorization to send my direct deposit to my new Bank of							
Bartlett account effective imme	ediately.						
Account Holder Signature:			Date:				
Account Holder Signature:			Date:				



Automatic Bill Payment Authorization

Utilities · Internet Service Providers · Loans · Vendors · Account Transfers

Many companies provide information on how to make a change or establish an automatic payment on their website or on their bill/statement.

Send this form to each company who automatically withdraws payments from your account. Don't forget companies that use your old debit card number or 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: CUSTOMER INFORMATION (The person from whose account the automatic payment is made) BILLING ACCOUNT NUMBER: NAME: TELPHONE NUMBER: ADDRESS: CITY: ZIP CODE: STATE: BANK ACCOUNT INFORMATION: Please change the account to debit for payment as follows: 084003159 BANK OF BARTLETT ROUTING NUMBER: CHECKING 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: **Account Holder Signature:** 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 bartiest account.								
FORMER FINANCIAL INSTITUT	ION INFOR	RMATIO	N					
NAME OF BANK:								
ADDRESS:								
CITY:				STATE:			ZIP CODE:	
ACCOUNT HOLDER INFORMATION ACCOUNT NAME: SOCIAL SECURITY NUMBER:								
ADDRESS:								
CITY:	STATE: 2		ZIP	IP CODE:		AYTIME 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: 084003159								
Bank of Bartlett Account Number:								
AUTHORIZATION: This letter serve balance of the account(s) as designate account as well. If you have any quest above.	d above. Ple	ease can	cel a	ny ATM and	or D	ebit Ca	ards associated with the	
Account Holder Signature:					D	Date:		
Account Holder Signature:				D	Date			