# **Getting Started**

## Making the Switch to Better Banking Today!

You can make the move to Cross County Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Cross County Bank, where you'll enjoy a better experience for all your banking needs!

1

## Open your new account.

Apply online in minutes or print this document and visit your local branch to open your new Cross County Bank account(s).

2

## Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Cross County Bank.

3

## Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Cross County Bank.









# **Direct Deposit Authorization**

Page 2 of 4

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Cross County Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change				
Company or Employer:				
Address:				
City, State, Zip:				
Phone Number:				
Employee ID: (if applicable)				
Effective immediately,	olease deposit the net amour	nt of my checl	k to my Cross County	
Bank account. I authori	ze (name of depositor)			
to automatically deposit funds into the account below. This authorization shall remain				
in place until I have submitted a new authorization, or until this authorization is				
changed or revoked by me in writing.				
Check your desired option.				
Net amount to Cr	oss County Bank CHECKING			
Account #		Routing #	084101514	
Net amount to Cross County Bank SAVINGS				
Account #	•	Routing #	084101514	
Signature:			Date:	
Name:				
ivaliic.				
Address:				
- Tullion				
Address:				

# Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits. Payroll Investments Retirement Plans

Social Security









# **Automatic Withdrawal Authorization**

Page 3 of 4

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of V	Vithdrawal Auth	horization Ch	nange	
Name of Company:				
Account Number:				
Payment Amount:				
Address:				
City, State, Zip:				
Phone Number:				
Please <b>change</b> my autom	atic withdrawal from the	e following account:		
Financial Institution:				
Account #		Bank Routing #		
Please make all <b>future</b> automatic withdrawals from the following account:				
Financial Institution:	Cross County Bank			
Account #		Bank Routing #	084101514	
Thank you very much.				
This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.				
Signature:			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				

# Automatic Withdrawal Checklist: Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments. Home Mortgage Auto Loans Utilities Insurance Cable/Internet Gym/Club Memberships Credit Cards Investments Subscriptions Charity Donations









# **Account Closure Authorization**

Page 4 of 4

You can authorize your remaining balance to be deposited automatically to your new Cross County Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization			
To Whom It May Concern			
Financial Institution:			
Address:			
City, State, Zip:			
Please close my account			
Account Number:	Primary Owner:		
Address:			
City, State, Zip:			
Please send the remaining balance to:  Check your desired option.  Please deposit directly to my new account at Cross County Bank.  Account # Routing # 084101514  Please forward me a check to my address listed below.			
Primary Signature:	Date:		
Joint Signature:			
Name:			
Address:			
City, State, Zip:			
Phone Number:			

### **Congratulations!**

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Cross County Bank!







