

## FLAGLER BANK

# HASSLE-FREE ACCOUNT SWITCH KIT

## ***Five Minutes...***

We promise that's all the time it will take to change an account from your current bank to *Flagler Bank*. It has never been easier with our New "***Switch Kit***" forms. The forms will help to ensure that any existing direct deposits or automatic payments will seamlessly transfer to your new *Flagler Bank* account.

**How It Works:** Simply fill out the enclosed forms as needed and mail or drop them off at the appropriate bank, person or company.

### **It's that easy!!**

1. Fill out the "Close Account Request" and mail or drop off at your old bank.
2. To authorize Direct Deposit of your payroll check, fill out and sign the "Payroll Deposit Change Form", attach a voided check from your new *Flagler Bank* account and give to your employer's Human Resources or Payroll Department.
3. Fill out an "Automatic Account Debit Change Authorization Form" for every automatic debit you want to have deducted from your new account and mail or drop off at the appropriate company.

***If this seems like too much trouble:*** Simply stop by and see us. We'll be happy to help you fill out the forms!

You can reach us in Lake Clarke Shores at (561) 432-2112  
North Palm Beach at (561) 841-3868  
West Palm Beach at (561) 868-9060

**Flagler Bank**  
Member FDIC

*You're Our First Priority!*

# CLOSE ACCOUNT REQUEST

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

**I hereby request that the following deposit account(s) with you be closed:**

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Type \_\_\_\_\_

Other \_\_\_\_\_

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Type \_\_\_\_\_

Other \_\_\_\_\_

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Type \_\_\_\_\_

Other \_\_\_\_\_

Please forward all remaining funds to me by check at the address shown above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If there will be a penalty or fee, please contact me before  
proceeding at phone # \_\_\_\_\_

# DEBIT CHANGE FORM

## **Automatic Account Debit Change Authorization Form**

Name of Service Provider \_\_\_\_\_

Customer's Name \_\_\_\_\_

Customer's Phone # \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Account / Customer # \_\_\_\_\_

**I hereby authorize my automatic withdrawal to be changed from my current bank to Flagler Bank.**

Previous Financial Institution Information:

Amount \_\_\_\_\_

Name \_\_\_\_\_

Account # \_\_\_\_\_

New Financial Institution Information:

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Amount to be Withdrawn \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Effective Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please attach a voided check to this form.)

# PAYROLL DEPOSIT FORM

To be given to your Employer's Payroll or Human Resources Department

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Employee # (if applicable) \_\_\_\_\_

**I hereby authorize direct deposit of paycheck to be changed from my current bank to Flagler Bank.**

Previous Financial Institution Information:

Name \_\_\_\_\_

Account # \_\_\_\_\_

New Financial Institution Information:

ABA Routing # \_\_\_\_\_

**New** Flagler Bank Account and Information:

Checking Account # \_\_\_\_\_

Amount / Percent to Deposit \_\_\_\_\_

Savings Account # \_\_\_\_\_

Amount / Percent to Deposit \_\_\_\_\_

Money Market Account # \_\_\_\_\_

Amount / Percent to Deposit \_\_\_\_\_

Effective Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please attach a voided check to this form.)