

Switch Kit

At Landmark Community Bank we make switching accounts to our Bank quick and easy! Just follow these four easy steps:

STEP 1

Print the forms and checklist found in this kit.

STEP 2

Stop using your old checks.

- Allow time for your outstanding checks to clear and your direct deposit and automatic withdrawals to be transferred to your new account.

STEP 3

Transfer your direct deposits and automatic withdrawals/payments to your new Landmark Community Bank account.

Submit the following attached forms to your creditors:

- Automatic Payment/Withdrawal Change Form (Form A)*
- Direct Deposit Authorization/Change Form (Form B)*

STEP 4

Close your old account.

- Submit the attached *Close Account Form (Form C)* to previous financial institution
- Destroy all your remaining check and deposit tickets

Welcome to Landmark Community Bank!

Automatic Payment/Withdrawal Change Form

To: _____
 COMPANY NAME ACCOUNT NUMBER

ADDRESS

CITY STATE ZIP

I am writing to request and authorize you to change the account from which your company debits my automatic payments. Please update your records with my new financial institution information so payments/withdrawals can continue without interruption.

OLD FINANCIAL INSTITUTION INFORMATION

BANK NAME

ABA/ROUTING NUMBER ACCOUNT NUMBER

Please stop making deposits into this account effective: _____ (INSERT DATE)

NEW FINANCIAL INSTITUTION INFORMATION

I hereby authorize any future automatic payments/withdrawals to be electronically debited from my new Landmark Community Bank Account.

LANDMARK COMMUNITY BANK **031318677**
 BANK NAME ABA/ROUTING NUMBER

NEW ACCOUNT NUMBER TYPE OF ACCOUNT

If you have any questions on this request, please contact me at:

DAY TELEPHONE EVENING TELEPHONE

Sincerely,

SIGNATURE DATE

PRINT NAME

ADDRESS

CITY STATE ZIP

REMINDER: For each automatic payment/withdrawal, you will need to complete a separate form.

Direct Deposit Authorization/Change Form

To: _____
COMPANY / EMPLOYER NAME

ADDRESS

CITY STATE ZIP

This letter is to inform you that I am switching my financial institution and I am requesting you update your records to deposit my funds into my new account based on our previous agreement.

REMOVE OLD FINANCIAL INSTITUTION INFORMATION

BANK NAME

ABA/ROUTING NUMBER ACCOUNT NUMBER

Please stop making deposits into this account effective: _____ (INSERT DATE)

ADD NEW FINANCIAL INSTITUTION INFORMATION

LANDMARK COMMUNITY BANK **031318677**
BANK NAME ABA/ROUTING NUMBER

NEW ACCOUNT NUMBER

****ATTACH A VOIDED CHECK TO THIS FORM****

If you have any questions on this request, please contact me at:

DAY TELEPHONE EVENING TELEPHONE

SIGNATURE DATE

PRINT NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP

Request To Close Account Form

To: _____
BANK NAME

ADDRESS

CITY STATE ZIP

This is to inform you that I will be closing my account(s) with your institution. I request that you close the following bank account(s) effective: _____ (INSERT DATE)

ACCOUNT NUMBER	ACCOUNT TYPE
	Checking / Savings / Money Market
	Checking / Savings / Money Market
	Checking / Savings / Money Market
	Checking / Savings / Money Market

Please mail a check for all funds remaining in the account(s) to my attention at the address listed below. If you have any questions, please contact me at _____ (HOME NUMBER / MOBILE NUMBER)

Sincerely,

SIGNATURE DATE

PRINT NAME SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP

CO-OWNER SIGNATURE, IF APPLICABLE DATE

CO-OWNER PRINT NAME

REMINDER: Verify all checks & payments have cleared prior to submitting this form to close your account(s). Landmark Community Bank is not responsible for the closing of another bank's accounts.

SWITCH KIT

Checklist

To help you “dot your i’s and cross your t’s”, use this convenient form to itemize all your auto pay and direct deposit information for an easy reference and double check!

AUTO PAYMENTS

TYPE OF PAYMENT	COMPANY	ACCOUNT NUMBER	AMOUNT	PAYMENT DATE
Credit Card #1				
Credit Card #2				
Credit Card #3				
Mortgage/Rent				
Home Equity Loan				
Other Loan				
Auto Loan				
Education Expense				
Insurance				
TV/Internet				
IRA/Retirement				
Membership Dues				
Utilities				
<input type="checkbox"/> Gas/Oil				
<input type="checkbox"/> Electric				
<input type="checkbox"/> Water				
<input type="checkbox"/> Garbage				
Other:				
Other:				
Other:				

DIRECT DEPOSITS

TYPE OF PAYMENT	COMPANY	ACCOUNT NUMBER	AMOUNT	PAYMENT DATE
Employee Payroll				
Investment Income				
Pension/Retirement				
Social Security				
Other:				
Other:				