Switch Kit



Making the switch is easy!

Open your new account.

Open an account online from the comfort of your home.

Switch your direct deposits.

If you have any direct deposits, use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Citizens Bank of Edmond account.

Switch your automatic withdrawals.

If you have any automatic transactions, use the provided form to switch them to Citizens Bank of Edmond. Many companies and agencies make it easy to change your account on record online on their website.

Close your old account.

Simply fill out the provided form and send it to your former banking institution to close your old account(s). Any remaining account balance will be transferred to Citizens Bank of Edmond.



Direct Deposit Authorization

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

| | • | | | | |
|------------------------|---|--------|-----------|----------------------------|--|
| Company Info | rmation | | | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, ZIP Code: | | | Phone: | | |
| | | | | | |
| Customer Info | rmation | | | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, ZIP Code: | | | Phone: | | |
| and hereby aut | ccount number horize the transfer of my ubmit this letter as writte | | | , bank, Citizens Bank of | |
| New Account | Information | | | | |
| Routing Number | er: 103002251 | | | | |
| Account Number: | | | Checking | Savings | |
| Account Number: | | | Checking | Savings | |
| Signature: | | | Date: | | |
| DEPOSIT: | TOTAL AMOUNT | \$ | into CHE | CKING account listed above | |
| DEPOSIT: | TOTAL AMOUNT | \$ | into SAVI | NGS account listed above | |
| | | CITIZE | NS BANK | | |



Automatic Payment Authorization

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

| Customer Information | | | | | | | |
|---|----------|-----------------|--|--|--|--|--|
| Name: | | | | | | | |
| Address: | | | | | | | |
| City, State, ZIP Code: | Phone: | | | | | | |
| | | | | | | | |
| Vendor/Payee Information | | | | | | | |
| Name: | | Account Number: | | | | | |
| Address: | | | | | | | |
| City, State, ZIP Code: | Р | hone: | | | | | |
| | | | | | | | |
| New Bank Information | | | | | | | |
| Financial Institution: Citizens Bank of Edmond | | | | | | | |
| Routing Number: 103002251 | | | | | | | |
| Account Number: | Checking | Savings | | | | | |
| Effective immediately, I authorize the above referenced Vendor/Payee and Citizens Bank of Edmond to initiate entries into my Citizens Bank of Edmond account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time. | | | | | | | |
| Signature: | D | Pate: | | | | | |
| Printed Name: | | | | | | | |
| | | | | | | | |





Account Closing Authorization

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. You can authorize your remaining balance to be deposited automatically to your new Citizens Bank of Edmond account or paid by a check forwarded to your mailing address.

| Previous Financial Institution Inform | mation | | | | |
|---|---------------------------|---------------------|---------------|--|--|
| Name: | | | | | |
| Address: | | | | | |
| City, State, ZIP Code: | | | | | |
| Please close my account(s): | | | | | |
| Account Number: | Checking | Savings | Other | | |
| Account Number: | Checking | Savings | Other | | |
| Account Number: | Checking | Savings | Other | | |
| Account Number: | Checking | Savings | Other | | |
| I hereby authorize the above listed a for any remaining funds in these acc | | ase grant the follo | owing request | | |
| Deposit funds directly into my nev | v account at Citizens Ba | nk of Edmond. | | | |
| Account Number: | Routing Number: 103002251 | | | | |
| Send a check for the balance rema | aining to the address be | low. | | | |
| Address: | | | | | |
| City, State, ZIP Code: | | | | | |
| Signature: | Date | ٠. | | | |
| Printed Name: | Date | | | | |
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