

WELCOME TO...

CONVENIENT

UNDERSTANDABLE

BANKING!



We want you to experience convenient understandable banking, so we have made it even more convenient to switch your accounts to Citizens Union Bank.

Follow the three easy steps in this switch kit to become a CUB customer.

Step 1 - OPEN A CUB ACCOUNT

Open your Citizens Union Bank Account by visiting any branch location.

Step 2 - REDIRECT YOUR AUTOMATIC PAYMENTS

Use our "Automatic Debit Change Form" and "Direct Deposit Change Form" to redirect your automatic payments.

Step 3 - CLOSE YOUR OLD ACCOUNT

Fill out the "Account Closure Request Form" to instruct your old bank to close your account. The bank will send you a check for any remaining balance per your provided instruction.

AUTOMATIC DEBIT CHANGE FORM

Complete this form for each company or organization with whom you have arranged for automatic payment. Once completed, mail the form(s) directly to the company or organization.

I _____ have closed my checking account with _____
(Your Name) (Current Bank)
Effective _____.

I hereby authorize my automatic withdrawal in the amount of \$ _____ to be changed from my current checking account # _____ at _____ to my new Citizens Union Bank account as listed below:

Checking Account # _____
ABA Routing # _____ 083901621 _____
Effective Date _____

Amount to be withdrawn: \$ _____
Date of withdrawal: _____

Address _____
City/St/Zip _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____ - _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Date

Date

ATTACH A NEW CITIZENS UNION BANK VOIDED CHECK HERE

DIRECT DEPOSIT CHANGE FORM

Complete this form and provide it to your employer's Human Resources or Payroll department.

I _____ have closed my checking account with _____
(Your Name) (Current Bank)
Effective _____.

I hereby authorize my direct deposit to be changed from my current checking account
_____ at _____ to my new Citizens Union Bank account
as listed below:

Checking Account # _____
ABA Routing # _____ 083901621 _____
Effective Date _____

Checking Account # _____
Amount/Percent to be deposited: _____

Savings Account # _____
Amount/Percent to be deposited: _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____ - _____

Thank you for your attention to this matter.

Customer Signature

Date

ATTACH A CITIZENS UNION BANK VOIDED CHECK HERE

ACCOUNT CLOSURE REQUEST

Complete this form to request that your current bank account be closed. Once completed, mail the form(s) directly to your current bank.

Dear Sir or Madam,
I hereby request that the following account(s) with you be closed:

Account Number _____
Type: _ Checking _ Savings
Other _____

Account Number _____
Type: _ Checking _ Savings
Other _____

Account Number _____
Type: _ Checking _ Savings
Other _____

Please prepare a cashier's check for the balance of my account payable and mailed to:

Name _____
Address _____
City/St/Zip _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____ - _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Date

Date

Sworn to and subscribed before me this ____ day of _____, 20____.

x _____

My Commission Expires: _____

