

We want to make your move to Security First Bank as easy as we can. This Switch Kit has everything you will need to close your existing accounts and transfer your automatic deposits and withdrawals.

This checklist is to help you identify the companies you have authorized to make deposits or automatically withdraw funds from your account. Before you begin your transition, let's identify how and where the money in your account gets deposited and withdrawn.

#### Who makes direct deposits into your account? (This will be who you send your Authorization to Change Direct Deposit form to.)

- Employer's human resource department
- Social Security Administration
- □ The company handling your retirement/pension payments

Who withdraws automatic payments from your account? (This will be who you send your Authorization to Change Automatic Payment form to.)

- □ Association Dues □ Internet Service Provider
- □ Auto Insurance □ Investments
  - Life Insurance
- Cable Company
  Mortgage Loan
- Cell Phone

🗌 Auto Loan

- □ Charitable Donation □ Security System
- Credit Card

  Student Loan
- □ Heath Club/Gym □ Telephone Company
- □ Homeowner's Insurance □ Utility Company

If you prefer automatic payments, you may want to consider Security First Bank's Online Bill Pay service.

□ Other Loan





# SWITCH KIT Authorization to Change Direct Deposit

Depositor's Name				
Depositor's Address		City	State	Zip
	nking relationship to Security F new account with the informat		, ple	ase redirect m
Security First Bank	Routing # 104113819			
		Account Number		
	Savings Account	Account Number		
Previous Financial Institution		Phone		
Address		City	State	Zip
Previous Routing Number		Previous Account Number		
If you have any question	s, please contact me at:			
Name		Phone		
Address		City	State	Zip
Signature		Date		





# SWITCH KIT Authorization to Change Automatic Payment

Company Name Company Address				
Company Address		City	State	Zip
Effective	, please change my automatic	: payment to:		
Security First Bank	Routing # 104113819            Checking Account             Savings Account	Account Number Account Number		
Previous Financial Inst	Previous Financial Institution			
Address		City	State	Zip
Previous Routing Number		Previous Account Number		
If you have any questi	ons, please contact me at:			
Name Address		Phone		
Address		City	State	Zip
Signature		Date		





### SWITCH KIT Authorization to Close Account

### This form serves as a request to close my account. If you have any questions, please contact me at:

Name		Phone			
Address		City	State	Zip	
Please close my account a	nt:				
Financial Institution		Phone			
Address		City	State	Zip	
Routing Number		Account Number			
Routing Number		Account Number			
Please cash out the entire (MM/DD/YY)	amount in my account and to ACH transferred to my at Bank.	ransfer the funds as foll 	ows. Please make this ining balance of my ac		
Please cash out the entire (MM/DD/YY) Funds may be wired or	ACH transferred to my	ransfer the funds as foll _ · _ Mail the rema	ows. Please make this ining balance of my ac		
Please cash out the entire (MM/DD/YY) Funds may be wired or account at Security Fire	ACH transferred to my	ransfer the funds as foll _ · _ Mail the rema	ows. Please make this ining balance of my ac		
Please cash out the entire (MM/DD/YY) Funds may be wired or account at Security Firs Routing # 104113819	ACH transferred to my	ransfer the funds as foll _ · _ Mail the rema	ows. Please make this ining balance of my ac		

Signature

CONTACT INFO

ACCOUNT INFORMATION

Date



