# **Getting Started**

### Making the switch to better banking today!

You can make the move to FOCUS Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to FOCUS Bank, where you'll enjoy a better experience for all your banking needs!

#### Open your new account.

Apply online in minutes or visit your local branch to open your new FOCUS Bank account(s).

2

#### Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to FOCUS Bank.

3

### Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to FOCUS Bank.





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# **Direct Deposit Authorization**

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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

Notification of Dire	ct Deposit Autl	norization Ch	ange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, pleas	e deposit the net amo	unt of my check to n	ny FOCUS Bank account. I
authorize (name of deposito	or)		
to automatically deposit fun	ds into the account be	low. This authorizati	ion shall remain in
place until I have submitted	a new authorization, o	r until this authoriza	ntion is changed or
revoked by me in writing.			
Place an X next to your desire	d option.		
Net amount to	FOCUS Bank CHECKIN	lG	
Account #		Routing #	081517732
Net amount to	FOCUS Bank SAVINGS		
Account #		Routing #	081517732
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

#### **Direct Deposit Checklist:**

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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\_\_\_\_ Social Security





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## **Automatic Withdrawal Authorization**

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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

Notification of W	ithdrawal Authoriza	ition Chang	ge
Name of Company:			
Account Number:			
Payment Amount:			
Address:			
City, State, Zip:			
Phone Number:			
Please change my auton Financial Institution:	natic withdrawal from the follo	owing account:	
Account #	Bai	nk Routing #	
	itomatic withdrawals from the	following accou	ınt:
Financial Institution:		15 "	
Account #	Bai	nk Routing #	081517732
Thank you very much.			
	nin in effect until I have submitted ne in writing that this authorization	*	
Signature:		D	ate:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

## Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

Н	lome l	۷	lor	ta	aq	e

	Loans

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\_\_\_\_ Insurance

\_\_\_\_ Cable/Internet

\_\_\_\_ Gym/Club Memberships

\_\_\_\_ Credit Cards

Investments

\_\_\_\_ Subscriptions

\_\_\_ Charity Donations





## **Account Closure Authorization**

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You can authorize your remaining balance to be deposited automatically to your new FOCUS Bank account(s) or paid by a check forwarded to your mailing address.

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.

Notification of A	ccount Closure	Authorization	
To Whom It May Concer	n:		
Financial Institution:			
Address:			
City, State, Zip:			
Please close my account	•		
Account Number:		Primary Owner:	
Address:			
Addiess.			
City, State, Zip:  Please send the remaining Place an X next to your design.			
City, State, Zip: Please send the remaining Place an X next to your des	ired option.	count at EOCUS Pank	
City, State, Zip:  Please send the remaining  Place an X next to your des.  Please depos  Account #	ired option. sit directly to my new ac	Routing #	. 081517732
City, State, Zip:  Please send the remaining  Place an X next to your des.  Please depos  Account #	ired option.	Routing #	
City, State, Zip:  Please send the remaining  Place an X next to your des.  Please depos  Account #	ired option. sit directly to my new ac	Routing # dress listed below.	
City, State, Zip:  Please send the remaining Place an X next to your destance deposed Account #  Please forward and Please forw	ired option. sit directly to my new ac	Routing # dress listed below.	081517732
City, State, Zip:  Please send the remaining Place an X next to your destance deposed Account #  Please forward Primary Signature:	ired option. sit directly to my new ac	Routing # dress listed below.	081517732
City, State, Zip:  Please send the remaining Place an X next to your destance deposed Account #  Please forward Primary Signature:  Joint Signature:	ired option. sit directly to my new ac	Routing # dress listed below.	081517732
City, State, Zip:  Please send the remaining Place an X next to your destance Account #  Please forward Primary Signature:  Joint Signature:  Name:	ired option. sit directly to my new ac	Routing # dress listed below.	081517732

#### Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to FOCUS Bank!



