



The bank that knows you by name.

Switch Kit Checklist

Form Name	Account Number	Type of Acct	Financial Institution	Date Mailed or to be mailed	Follow-up Date/Action:	Item Completed
Account Closure						<input type="checkbox"/>
Account Closure						<input type="checkbox"/>
Account Closure						<input type="checkbox"/>
Account Closure						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Auto Payments						<input type="checkbox"/>
Direct Deposit						<input type="checkbox"/>
Direct Deposit						<input type="checkbox"/>
Direct Deposit						<input type="checkbox"/>
Direct Deposit						<input type="checkbox"/>
Payroll/Direct						<input type="checkbox"/>
Payroll/Direct						<input type="checkbox"/>
Payroll/Direct						<input type="checkbox"/>
						<input type="checkbox"/>

Notes:

Please be sure all automatic deductions and direct deposit requests have been completed prior to closing your previously existing account. These requests may take 1-2 months to take effect.