

New Account Information

Easy Switch Kit

Simple, Quick, Easy



the little bank
We Want to Know You.



the little bank makes switching your accounts easy.

Just read this easy “Switch Kit” and follow our simple five (5) step process. We also provide you with forms to make it easy to redirect your automatic payments and direct deposits. Once you **OPEN your little bank account, be sure to immediately STOP** using your old account. If you need any assistance, please stop by any location.

Step

1

Review your old account Determine if you had the following:

- Automatic payments (Insurance, Health Club, Utility Payments, etc.)
- Direct deposits (Payroll, Social Security, etc.)
- Online banking and bill pay

Step

2

Complete the switch checklist

Step

3

Gather your new little bank account information

Step

4

Automatic payments and direct deposit

If you have automatic payments or deposits, **MAKE A COPY** and complete the Automatic Payment/Direct Deposit Switch Form for each payment or deposit. Bring them into any **little bank** branch and we will mail them for you.

Note: If you already receive Social Security or SSI benefits via Direct Deposit, call Social Security toll-free at 1-800-772-1213 (TTY 1-800-325-0778) to inform them of the change in your account.

Step

5

Close your old account

Make sure that all checks have cleared and automatic payments and direct deposits have been switched to your new **little bank** account. **MAKE A COPY** and complete the **Existing Account Closing Notification Form** to notify your previous bank that you are closing your account. Destroy all old checks, deposit slips and cards (atm/debit) associated with the old account.

Online Banking and Bill Pay

Once your **little bank** account is open, let us arrange a quick demonstration on how to set up your online banking and bill pay system.

It's that easy!



Automatic Deposits

PAYROLL

Check the HR Department where you work. Please include a voided check.
Effective Date of Change _____

SOCIAL SECURITY

Contact the Social Security Administration at 800-772-1213.
Effective Date of Change _____

TRANSFERS FROM OTHER BANK ACCOUNTS

Effective Date of Change _____

BROKERAGE DEPOSITS

Effective Date of Change _____

Utilities Automatic Payment

GAS

Account No. _____
Effective Date of Change _____

ELECTRIC

Account No. _____
Effective Date of Change _____

WATER/SEWER

Account No. _____
Effective Date of Change _____

LOCAL/LONG DISTANCE TELEPHONE

Account No. _____
Effective Date of Change _____

CELLULAR TELPHONE SERVICE

Account No. _____
Effective Date of Change _____

INTERNET SERVICE

Account No. _____
Effective Date of Change _____

CABLE OR SATELLITE TV

Account No. _____
Effective Date of Change _____

GARBAGE

Account No. _____
Effective Date of Change _____

OTHER

Account No. _____
Effective Date of Change _____

OTHER

Account No. _____
Effective Date of Change _____

Other Payments

LOANS (E.G. CAR, HOME EQUITY, STUDENT LOAN,)

Account No. _____
Effective Date of Change _____
Account No. _____
Effective Date of Change _____

INSURANCE (E.G. LIFE, HEALTH, AUTO, HOME)

Account No. _____
Effective Date of Change _____
Account No. _____
Effective Date of Change _____

MORTGAGE

Account No. _____
Effective Date of Change _____

BROKERAGE—AUTOMATIC INVESTMENTS

Account No. _____
Effective Date of Change _____

ACCOUNT TRANSFERS TO OTHER BANKS

Account No. _____
Effective Date of Change _____

OTHER

Effective Date of Change _____



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**Automatic Payment and
 Direct Deposit
 Switch Form**

COMPANY NAME

COMPANY ADDRESS

CITY/STATE

ZIP

Re: Switching My Automatic Payments/Direct Deposits

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and being using my new **little bank** account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

PRIMARY AUTHORIZED SIGNATURE *(Original Signature required to authorize change)*

DATE

SECONDARY AUTHORIZED SIGNATURE *(Original Signature required to authorize change)*

DATE

NAME

PHONE

SOCIAL SECURITY

ADDRESS

CITY/STATE

ZIP

OLD BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

the little bank

NEW BANK NAME

053174048

ROUTING NUMBER

ACCOUNT NUMBER



Attach a voided check or deposit slip from your NEW ACCOUNT AT THE LITTLE BANK to this page.



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**Existing Account Closing
Notification Form**

OLD BANK NAME

OLD BANK ADDRESS

CITY/STATE

ZIP

Re: Close My Account

I have recently changed banks and would like you to close the account below immediately:

ACCOUNT NAME

DATE

Please forward all remaining funds to me at the following address:

CLIENT ADDRESS

CITY/STATE

ZIP

Thank you for your attention to this matter.

CLIENT SIGNATURE

DATE



Kinston
1101 W. Vernon Ave
(252) 939-3900

Goldsboro
201 N. Center St
(919) 583-8989

La Grange
101 S. Caswell St
(252) 566-5600

Jacksonville
118 Western Blvd
(910) 353-8600

Greenville
1011 A Red Banks Rd
(252) 215-3030

New Bern
580 Mc Carthy Blvd
(252) 633-3585