SIMPLE SWITCH





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Simple Switch

Stop using your old account - But do not close it right away. Allow 1 - 2 months for all checks to clear and for all automatic transactions to be set up with United Community Bank.

nform your employer about your Direct Deposit change request. Use United Community Bank's Simple Switch Payroll Direct Deposit Authorization Form to simplify this move.

Directions for completing the form and helpful phone numbers for Social Security, the Department of Veterans Affairs and the Railroad Retirement Board are included.

ove your automatic payments and/or withdrawals to your new United Community Bank account. Use United Community Bank's Simple Switch Payment/Deposit Switch Form to help simplify the transition.

Pay your bills online with United Community Bank's BillPay. Use the Simple Switch BillPay Worksheet to guide you through this simple set-up.

et your previous bank know that you would like to close your old account. Use the Simple Switch Account Closure Form to make this simple request.

njoy your new banking relationship with United Community Bank!

New Account Checklist

| Direct Deposits, Payroll & | & Government Checks | |
|----------------------------|--------------------------|--|
| Payroll | <u>Investments</u> | |
| Retirement Plans | Social Security | |
| Other | | |
| Automatic Pa | yments | |
| Home Mortgage / Rent | Gas & Electric | Use this checklist to help you remember which direct |
| Auto Loans | Cable / Satellite TV | deposits and automatic payments you can now schedule with your |
| Home Equity Loans | Online Services | new United Community Bank account. |
| Student Loans | ☐ <u>Telephone</u> | |
| Health Insurance | Cell Phone | |
| Life Insurance | Club Memberships | |
| Car Insurance | Investments & Annuities | |
| Credit Cards | Charitable Contributions | |
| ☐ Water Company | Subscriptions | |
| Other | | |



BillPay Worksheet

Use United Community Bank's Simple Switch BillPay Worksheet to identify all of the payees that you would like to enter into United Community Bank's convenient & easy to use online BillPay service.

| Payee | Address | City | State |
|----------------|---------------------|--------------|----------|
| Account Number | Account Description | Phone Number | Zip Code |
| Payee | Address | City | State |
| Account Number | Account Description | Phone Number | Zip Code |
| Payee | Address | City | State |
| Account Number | Account Description | Phone Number | Zip Code |
| Payee | Address | City | State |
| Account Number | Account Description | Phone Number | Zip Code |
| Payee | Address | City | State |
| Account Number | Account Description | Phone Number | Zip Code |
| Payee | Address | City | State |
| Account Number | Account Description | Phone Number | Zip Code |



Direct Deposit Authorization Form

PERSONAL INFORMATION: Last Name First Name Street Address City Zip Code State Work Phone Home Phone Social Security or TIN Employee ID (If applicable) **Employer Name Employer Phone OLD ACCOUNT INFORMATION:** Previous Bank Name (If applicable) Previous Account # (If applicable) Account Type Checking | OR Savings \square Amount % of Net Pay **NEW ACCOUNT INFORMATION: New Routing Number** Effective Date **New Account Number Account Type** Checking | Savings Amount % of Net Pay

SIGNATURE

Use this form to notify any company making automatic deposits into your current checking and/or savings account.

For payroll deposits, take this form to your Human Resources

Department.

You may also complete Treasury

Department Standard Form 1199a to
request an automatic deposit change
for Social Security or other
government payments.

MAKE SURE TO ATTACH A VOIDED CHECK TO THIS FORM.



DATE

Payment/Deposit Switch Form

| <u>To</u> : | | | | |
|--|---|----------|--|-----------|
| Company Name | | | | |
| Company Address | | | | |
| City From: Name Address | State | Zip Code | Complete this form for each automatic payment you have. Then mail the form to the appropr company or organization that is responsible for processing you | iate s |
| City | State | Zip Code | automatic payment. | |
| ID Number or Department Redirect my: Automatic Payment To my new United Community Bank Immediately OR Beg | Automatic Deposit checking account effe inning / Mo Day | _ / | Reminder A separate form for each reque must be completed. Make additional copies, if necessary | |
| Account Number | Routing Numbe | er | | |
| Social Security or Tax ID Number | | | | |
| Daytime Phone Number | | | | |
| SIGNATURE | | DATE | | |



Account Closure Form

| To Whom It May Concern: Please close the following account: | | |
|---|--------------------|---------------------|
| Account Holder(s) | | |
| Account Number | Account Type | |
| Social Security or Tax ID Number | | |
| Check the Appropriate Boxes: | | |
| No disbursement of funds is necess Select An Option | ary | |
| ☐ I have taken the balance of I | my account to zero | 0. |
| I have deposited a check int account balance. | o my new accoun | t for the remaining |
| Send me a check for the remaining Name | balance of my acc | ount payable to: |
| Address | | |
| City | State | Zip Code |
| Thank you for resolving this matter. | | |
| Sincerely, | | |
| CUSTOMER SIGNATURE | | DATE |
| | | |
| IOINT ACCOUNT HOLDER SIGNATURE | | DATE |

Prior to closing, allow 1 - 2 months for all checks to clear and all automatic transactions to be setup with your new bank account.

Complete this form and mail it to your previous bank. This will help ensure your old bank account(s) is closed and all funds are transferred to your new bank account.

Reminder A separate form for each account type must be completed. Make additional copies, if necessary.

