

SWITCH KIT

A BANK THAT WORKS AS HARD AS YOU

We were founded on the sensible values of the Sandhills, and we've tailored our products to meet the needs of your business, your family and your interests. We believe in more than just banking, which is why we strive to build lasting relationships not only with our customers, but also within the community. Start building a relationship with us today. Switching is easier than you think; follow the three easy steps to open your account with Sandhills State Bank.

GETTING STARTED

- 1 Apply for a new Sandhills State Bank checking or savings account:**
 - » Visit a branch or call (866) 294-3301.
 - » If you need help, talk to a banker or compare checking and savings accounts online.
 - » Once your account is opened, you can enroll in our online banking service.

*We're here to help!
If you have any questions
or need any help while starting
your relationship with
Sandhills State Bank, don't
hesitate to visit a branch or
call (866) 294-3301.*

- 2 Switch your Bill Payees, Automatic Transactions and Direct Deposits:**
 - » Direct Deposit Authorization Form: This form allows you to switch your direct deposits to your new Sandhills State Bank account.
 - » Automatic Withdrawal Form: This form allows you to switch automatic withdrawals to your new account.
 - » Bill Pay: After you have enrolled in our online banking service you can switch over your bill payees.

- 3 Close your old account:**
 - » Account Closure Authorization Form: This form allows you to authorize the closure of your old account. Make sure your automatic transactions have been switched to your new account, all checks have cleared and your remaining balance is sent to your new account with Sandhills State Bank.



DIRECT DEPOSIT AUTHORIZATION



This form can be used to authorize any depositing agency, such as an employer or retirement and pension funds, to deposit directly into your Sandhills State Bank account. Use one form for each Direct Deposit.

Three Easy Steps

1. Fill out this form. It contains interactive fields for online use, or you can print it.
2. Provide your new Sandhills State Bank account number or attach a voided check to confirm your account number and ABA/routing number.
3. Submit this form to any agency that deposits directly to your bank account.

NOTIFICATION OF DIRECT DEPOSIT AUTHORIZATION CHANGE

Employer:
Address:
City: State: Zip:
Employee ID:
(if applicable)

Use this checklist
to keep track of the depositing
agencies you've submitted this
form to.

Direct Deposit Checklist:

- ☐ Employee Payroll
- ☐ Investment Income
- ☐ Pension/Retirement Income
- ☐ Social Security Administration
- ☐ Other

Effective immediately, please deposit the net amount of my check to my Sandhills State Bank Account. I authorize

(name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option. Be sure to include your account number and ABA/Routing Number: You may also attach a

<input type="checkbox"/> Net amount to SANDHILLS STATE BANK Checking	or	<input type="checkbox"/> Net amount to SANDHILLS STATE BANK Savings
Account #: <input type="text"/> ABA/Routing #: 104105283		Account #: <input type="text"/> ABA/Routing #: 104105283

Signature: Date:
Please print
Name:
Address:
City: State: Zip: Phone:



AUTOMATIC WITHDRAWAL AUTHORIZATION



SANDHILLS
STATE BANK

This form can be used to authorize a change to any company or organization that automatically withdraws funds from your account, such as your mortgage company, auto insurance or insurance fees. Use one form for each automatic withdrawal.

Note: If you have used your debit card/credit card for automatic withdrawals, you will need to contact those companies to give them your new Sandhills State Bank card number.

Three Easy Steps

- 1.** Fill out this form. It contains interactive fields for online use, or you can print it.
- 2.** Provide your new Sandhills State Bank account number or attach a voided check to confirm your account and ABA/Routing number.
- 3.** Submit this form to any company that automatically withdraws from your bank account.

NOTIFICATION OF AUTOMATIC WITHDRAWAL AUTHORIZATION CHANGE

To Whom It May Concern:

Company: Account #: Payment Amount:
Address: City: State: Zip:
Phone:

Please discontinue my automatic withdrawal from the following account:

Previous Financial Institution:
ABA/Routing Number: Account Number:

Please make all future automatic withdrawals from the following account:

New Financial Institution: **SANDHILLS STATE BANK**
ABA/Routing Number: **104105283** Account Number:

Thank you very much.

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date:

Please print

Name: Phone:

Address: City: State: Zip:

Use this checklist to ensure that you have contacted all companies that you need to automatically withdraw from your account

*Automatic
Withdrawal Checklist:*

- ☐ Cable
- ☐ Cell Phone
- ☐ Credit Card
- ☐ Insurance
- ☐ Utilities
- ☐ Donations
- ☐ Other

ACCOUNT CLOSURE AUTHORIZATION



This form can be used to authorize the closure of your account at your previous bank. You can authorize your remaining balance to be deposited electronically to your account or have a check forwarded to your mailing address. Be sure that any outstanding checks have cleared and your direct deposits or automatic withdrawals have been switched over to your Sandhills State Bank account.

Three Easy Steps

- 1.** Fill out this form. It contains interactive fields for online use, or you can print it.
- 2.** Provide your new Sandhills State Bank account number or have your remaining funds sent to you by check.
- 3.** Submit this form to the financial institution where you will be closing your account.

NOTIFICATION OF ACCOUNT CLOSURE AUTHORIZATION

To Whom It May Concern:

Financial Institution:

Address: City: State: Zip:

Please close my account:

Account Number:

Primary Owner:

Address: City: State: Zip:

Please send the remaining balance to:

Place an X next to your desired option. Have your funds deposited electronically (if available) or have a check forwarded to your mailing address.

☐ Please deposit directly to my new account at SANDHILLS STATE BANK.
(If this option is not available please forward a check to the address listed below)

☐ Please forward me a check to my address listed below.

Account #: ABA/Routing #: **104105283**

If you have any questions, please call me at the number below. Thank you very much.

Primary Signature: Date:

Joint Signature:

Please print

Name: Phone:

Address: City: State: Zip:

