

# The Simple Switch Checklist

Moving your accounts to Capital City Bank has never been easier or more convenient! Refer to the following guide for information needed to complete each account activity. Mark off your checklist as you make the simple switch.

Your Capital City Bank **Account Number** \_\_\_\_\_ Routing Number: **063100688**

## To close an account and transfer remaining funds, you should:

- Maintain sufficient funds in your previous account to clear any outstanding checks or automatic withdrawals prior to closing the account completely
- Double check maturity dates if transferring a Certificate of Deposit, in order to avoid possible penalties (you may need to provide original certificate)
- Have a recent bank statement with your previous account number(s)
- Complete the *Account Closing Notification Form* (provided by Capital City Bank) and present it to your previous bank to process

## To change your payroll or direct deposit, you should:

- Have a voided check from your Capital City Bank account
- Complete the *Direct Deposit Request Form* (provided by Capital City Bank) and present it to your employer to process

## To change your automatic payment or withdrawal, you should:

- Have a recent statement from the vendor
- Complete the *Automatic Payment Request Form* (provided by Capital City Bank) and present it to the vendor
- PLEASE NOTE: You must complete a separate form for each vendor that debits money from your account.

For assistance, please contact a Capital City Banker at any of our convenient offices or call toll-free 888.671.0400. We're here to help every step of the way!

## To discuss an existing loan, you should:

- Speak to a community banker at any of our offices\*
- Provide recent loan statement with loan account information and balance remaining

## To rollover a 401(k) or other retirement account, you should:

- Schedule an appointment with a Capital City Banc Investments Executive (866.906.5765 FL or 866.566.6106 AL/GA) or Capital City Trust Company Officer (850.402.7751)
- Have a recent account statement
- Have contact information for your employer or former employer

## To change your Social Security Direct Deposit, you should:

- Visit [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm) to change your deposit online, or print, complete and mail the government's Standard Form 1199A to the Social Security Administration (*form is also available from Capital City Bank*)

## To establish your online banking service, you should:

- Visit [www.ccbg.com](http://www.ccbg.com), click "Personal Banking" on the left-hand side of the page, choose "Online Banking" from the menu and click "Sign Up Now" at the bottom of the page
- Complete the Capital City Bank OnLine Registration Form
- Present this form to your banker or submit it by mail (instructions included on form)
- Check e-mail for login information and instructions for accessing your new service

# The Simple Switch: Account Closing Notification

## To:

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

## From:

Name(s) on account(s) \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please accept this letter as authorization to close my account(s) with your institution.**

**Please close the account(s) listed below.**

Account Number \_\_\_\_\_

Checking  Savings  Money Market  Certificate of Deposit

Account Number \_\_\_\_\_

Checking  Savings  Money Market  Certificate of Deposit

Account Number \_\_\_\_\_

Checking  Savings  Money Market  Certificate of Deposit

Account Number \_\_\_\_\_

Checking  Savings  Money Market  Certificate of Deposit

**Please transfer any remaining funds in the accounts listed to:**

*Write in the address of the Capital City Bank office where you bank. See [www.ccbg.com](http://www.ccbg.com) for locations.*

Capital City Bank (Address) \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

### Electronic Deposit Instructions:

Capital City Bank routing number: **063100688**

Deposit entire amount to checking account number: \_\_\_\_\_ **OR**

Deposit \$ \_\_\_\_\_ to savings account number: \_\_\_\_\_ **AND**

the remainder to checking account number: \_\_\_\_\_.

I authorize:

- The listed entity to close the account(s) listed here.
- The transfer of my funds to my Capital City Bank checking and/or savings account(s) as indicated.
- Capital City Bank to credit deposits to my account(s) as specified.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Member FDIC



# The Simple Switch: Direct Deposit Request

Please accept this letter as notification that I have established a new checking and/or savings account at Capital City Bank. I would like my paycheck to be automatically deposited to my Capital City Bank account(s) according to the instructions below.

Date: \_\_\_\_\_

**To: Payroll Department**

Employer/Company Name: \_\_\_\_\_

**From:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Subject: Payroll Direct Deposit**

- Establish Direct Deposit
- Change my existing Direct Deposit

**Deposit Instructions:**

- Deposit entire amount to checking account number: \_\_\_\_\_ **OR**
- Deposit \$ \_\_\_\_\_ to savings account number: \_\_\_\_\_ **AND**  
the remainder to checking account number: \_\_\_\_\_

**Capital City Bank Routing Number: 063100688**

I authorize:

- The listed employer/company to change deposits of my funds to my Capital City Bank checking or savings account.
- Capital City Bank to credit funds to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# The Simple Switch: Automatic Payment Request

Please accept this letter as notification that I have established a new checking and/or savings account at Capital City Bank. I would like the following payment to be automatically debited from the Capital City Bank account listed below.

- Establish Automatic Payment
- Change my existing Automatic Payment

## Automatic Payment Information:

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Account Number \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly     Bi-Weekly     Weekly

First Payment Date \_\_\_\_\_

## Client Personal Information:

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Bank Account Information:

Account Type:     Checking     Savings\*    Capital City Bank Account Number \_\_\_\_\_

**Capital City Bank Routing Number: 063100688**

I authorize:

- The company listed to initiate withdrawal of my funds from the above Capital City Bank account.
- Capital City Bank to debit funds from my account for each payment presented.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Debits from savings will count as a third-party item toward your allowed number of transfers per statement period.