

EASY SWITCH KIT CHECKLIST

At Bank of Montgomery, we work hard to make everything easier for our customers, and that includes switching your account over to join us. We've compiled a simple checklist to walk you through a few quick steps, and you can always speak with one of our representatives if you have any questions. We look forward to serving you soon!



TRANSFER YOUR ACCOUNT TO BOM

Switching to BOM is easy! Simply complete the Easy Switch Form on page 2 of your Easy Switch Kit and return it to your nearest BOM branch location. Once BOM receives it, we will help process your application, assisting you with completing the rest of the Easy Switch Kit and any other financial services you may need.

Please bring your drivers license, the forms below filled out with as much information as possible and any information regarding direct deposits and/or automatic payments.



ORGANIZE DIRECT DEPOSITS AND AUTOMATIC PAYMENTS

We will work with you to transfer any direct deposits and automatic payments to your new account. To help us get started, please fill out the direct deposit/automatic payment information sheet on page 3 of your Easy Switch Kit. Bring this form when you visit your local branch.



TRANSFER DIRECT DEPOSIT AND AUTOMATIC PAYMENTS TO YOUR BOM ACCOUNT

We will review the direct deposit/automatic payment information sheet and work with you to transfer the listed transactions to your new BOM Account.

Direct Deposit: Contact the source of your direct deposit about their procedure for changing it to your new account. Each company will have a different time frame for the change, so ask when the transfer will occur. If no exact procedure is necessary, we provide a Direct Deposit Transfer Form on page 4 of your Easy Switch Kit.

Automatic Payments: To transfer these transactions, each company may have a specific form to fill out, allow you to call or use an online access, or accept the Automatic Payment Transfer Forms provided in your Easy Switch Kit on page 5. After contacting the company, complete the process provided by them to ensure the automatic payment is transferred correctly. Request a confirmation of the account change for your records and a date the change will occur to verify money will be available in the correct account when the payment is made.

Please continue to watch your old account for any direct deposits or automatic payments that you did not list.



CLOSE YOUR OLD ACCOUNT

Ensure you have done the following on your old account before contacting the bank to have it closed:

- Make sure all direct deposits, automatic payments, checks, ATM/debits, and any other transactions have posted to your old account.
- Ensure that all automatic payments and direct deposits have been transferred to your new account at BOM.
- Cancel your debit card and destroy remaining checks from your old account.

Once you have taken care of everything above, contact your old bank to have the account closed. You may use the Close Account Form on page 6 of your Easy Switch Kit if the bank will accept the account closure in writing. Check back with the bank to ensure the account is closed in approximately a week.



EASY SWITCH FORM

PRIMARY ACCOUNT HOLDER			
Company			
Address			
City, State, Zip			
Home Phone		Work Phone	
Cell Phone		Driver's License State	
Driver's License #		DL Issue/Expiration	
Employer		Position/Title	
Email Address			

JOINT ACCOUNT HOLDER (IF APPLICABLE)			
Company			
Address			
City, State, Zip			
Home Phone		Work Phone	
Cell Phone		Driver's License State	
Driver's License #		DL Issue/Expiration	
Employer		Position/Title	
Email Address			

All the information I have given is true and correct. I understand that for my protection, new account applications will be verified by Telecheck & OFAC Systems. If more than one person signs below, I understand that this statement applies to both persons.

Primary Applicant Signature

Joint Account Holder Signature

Date

Date

DIRECT DEPOSIT / AUTOMATIC PAYMENT INFORMATION SHEET

Fill out this information sheet before beginning the process to ensure all your direct deposits and automatic payments are changed. As you complete each transaction, mark it completed and see how easy it is to switch to BOM.

DEPOSITS				
	Company Name / Address	Account No.	Phone	Completed
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				
Other				
AUTOMATIC PAYMENTS				
	Company Name / Address	Account No.	Phone	Completed
Mortgage				
Car				
Car				
Insurance				
Insurance				
Telephone				
Cell Phone				
Electricity				
Gas				
Water				
Other				
Other				
Other				
Other				

DIRECT DEPOSIT TRANSFER FORM

COMPANY INFORMATION	
Company	
Address	
City, State, Zip	
Phone	

INDIVIDUAL INFO (Employee / Recipient of Direct Deposit)	
Name	
Address	
City, State, Zip	
Phone	

PLEASE SEND DEPOSIT(S) DIRECTLY TO:

Insert local BOM branch information

BANK OF MONTGOMERY	
Branch	
Address	
City, State, Zip	
Phone	

DEPOSIT INSTRUCTIONS:

ABA Routing Number: 111102114

Please make deposit(s) into the following account(s):

Checking Savings
 Full Amount Partial Amount of \$ _____
 Account # _____

Checking Savings
 Full Amount Partial Amount of \$ _____
 Account # _____

I hereby authorize the transfer of my direct deposit to BOM, and submit this letter as written notification. If you have any questions, please contact me at the number listed above or by mail. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date



AUTOMATIC PAYMENT TRANSFER FORM

CUSTOMER INFORMATION	
Name	
Address	
City, State, Zip	
Phone	

PAYEE INFORMATION	
Name	
Address	
City, State, Zip	
Phone	

PREVIOUS BANK INFORMATION	
Bank Name	
Routing Number	
Account Number	

NEW BANK INFORMATION:

Insert local BOM branch information

BANK OF MONTGOMERY	
Branch	
Address	
City, State, Zip	
Phone	

NEW ACCOUNT INFORMATION:

ABA Routing Number: 111102114

Checking Savings

Account # _____

I have recently changed banks and would like to have automatic payments with your company transferred to my new account. Effective immediately, I authorize the above payee and BOM to initiate transactions to my checking/savings account. If you have any questions regarding this request, please contact me by mail or at the phone number listed above.

Sincerely,

Authorized Signature

Date



CLOSE ACCOUNT FORM

CUSTOMER INFORMATION	
Name	
Address	
City, State, Zip	
Phone	
BANK	
Bank	
Address	
City, State, Zip	
Phone	

I hereby request that the following deposit account(s) with you to be closed:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other	Account # _____

Please forward all remaining funds to me by check to the address shown on my account. If for any reason there is a penalty or fee, please contact me at the number listed above.

Sincerely,

Authorized Signature

Date

