



Switching banks should not be difficult! Here are some easy-to-follow instructions to help you with the bank switching process.

Open a Decatur County Bank / West TN Bank checking account.

• Visit any Decatur County Bank / West TN Bank branch to open an account.

Stop using the account at your previous bank.

- Allow at least 10 days for all your checks to clear.
- Destroy checks, deposit slips and debit cards.

Move direct deposits to Decatur County Bank / West TN Bank.

- Use direct deposit forms to notify anyone making direct deposits into your account of your new account information.
- Inform your employer, Social Security, other government benefit providers, retirement plans or any other payer making direct deposits into your account.

Move automatic payments.

- Use the automatic withdrawal form to notify anyone making automatic withdrawals from your account of your new account information.
- Include insurance drafts, utility payments, service payments and any other payment types being deducted automatically from your account.
- If you have online banking/bill pay at your previous bank, ensure that recurring payments are cancelled and re-entered into Decatur County Bank / West TN Bank's online banking/bill pay.

Close your old account(s).

- After all checks have cleared, use the account closing form to notify your previous bank that you are closing your account.
- The remaining balance will be sent to you via check.

Reminder: Some of these changes can be made online with your direct deposits and automatic payments.

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.

Company Name		
Company Address, City, State, Zip		
TYPE OF DEPOSIT		
Employee Payroll Social Security	Civil Service F	
V.A. Compensation or Pensic		
CUSTOMER INFORMATION		Day Evening
Name	Phone	e Number
Name Address, City, State, Zip Employee or Social Security Number	Phone	
Address, City, State, Zip Employee or Social Security Number PREVIOUS ACCOUNT INFORMA	TION Checking	e Number
Address, City, State, Zip Employee or Social Security Number		e Number
Address, City, State, Zip Employee or Social Security Number PREVIOUS ACCOUNT INFORMA	TION Checking Routing #	g Account Savings Acco
Address, City, State, Zip Employee or Social Security Number PREVIOUS ACCOUNT INFORMA Previous Financial Institution Name	TION Checking Routing #	g Account Savings Acco Previous Account #
Address, City, State, Zip Employee or Social Security Number PREVIOUS ACCOUNT INFORMAT Previous Financial Institution Name NEW ACCOUNT INFORMATION	TION Checking Routing # Checking	g Account Savings Acco Previous Account # g Account Savings Acco

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account.

Company Name				
Company Address, Cit	y, State, Zip			
Account Number on Ir	nvoice/Statement			
PREVIOUS ACCO		ON Checkin	g Account	Savings Acco
Previous Financial Ins	titution Name	Routing #	Pre	evious Account #
NEW ACCOUNT I	NFORMATION	Checkin	g Account	Savings Acco
New Financial Institut ⊄	ion Name	Routing #	Ne	w Account #
New Financial Institut \$ Amount to be Withdra		Routing #		w Account # te of Withdrawal
\$		Routing #		
\$	awn	Routing #		te of Withdrawal
<u>\$</u> Amount to be Withdra	awn	Routing #		
<u>\$</u> Amount to be Withdra	awn			te of Withdrawal Day
\$ Amount to be Withdra CUSTOMER INFC	own DRMATION		Dat	te of Withdrawal Day
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\$ Amount to be Withdra CUSTOMER INFC	own DRMATION		Dat	te of Withdrawal Day
\$ Amount to be Withdra CUSTOMER INFC Name Address, City, State, Zi	own DRMATION	Phor	Dat	te of Withdrawal Day
\$ Amount to be Withdra CUSTOMER INFC	own DRMATION		Dat	te of Withdrawal Day
\$ Amount to be Withdra CUSTOMER INFC Name Address, City, State, Zi	own DRMATION	Phor	Dat	te of Withdrawal Day
\$ Amount to be Withdra CUSTOMER INFC Name Address, City, State, Zi	own DRMATION	Phor Date	Dat ne Number Account numb along the botto	te of Withdrawal Day Evening
\$ Amount to be Withdra CUSTOMER INFC Name Address, City, State, Zi Customer Signature	PRMATION	Phor Phor Date Source befound of your check	Dat ne Number Account numb along the botto	te of Withdrawal Day Evening

PLEASE CLOSE MY ACCOUNT

Upon receipt, please close the following account, and send a check for the remaining balance and confirmation of account closure to the address below. If you have any questions about this request, please contact me at the number below.

CLOSED ACCOUNT INFORMATION	Checking Account	Savings A	
Financial Institution Name	Account #		
CUSTOMER INFORMATION			
COSTOMER INFORMATION		Day Evenir	
Name	Phone Number		
Co-signer Name (if applicable)			
Address, Clty, State, Zip	Phone Number		
Sincerely,			
Customer Signature	Date		
Co-signer Signature (if applicable)	Date		