

swiтсн кiт Welcome to Southern Bank!

Switching your accounts to Southern Bank is easy, and this switch kit will help you make the transition as seamlessly as possible.

We're here to help you get started as you make the switch.

YOUR SWITCH KIT INCLUDES:

- Direct Deposit Change Form
- ACH Payments Change Form
- Request to Close Accounts
- **STEP 1** Open a new Southern Bank checking or savings account.
- STEP 2 Use the forms in this switch kit to change over your direct deposit and ACH payment.
- **STEP 3** Ensure all transactions/automatic payments have cleared on your old account.
- **STEP 4** Use the account closure form to close your old account.



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Direct Deposit Authorization Form

Use this fillable form to update your direct deposit information to your Southern Bank account. Complete and give to your employer or deposit provider. If you have any questions, please contact our Resource Center at 1-855-452-7272.

Notification of Direct Deposit AUTHORIZATION CHANGE Name: Address: City, State, Zip: Phone Number: MAIN ACCOUNT - NET PAY Bank Name: Southern Bank Checking Savings Routing #: 281573259

SECONDARY ACCOUNT - NET PAY (where applicable)

| Bank Name: | Southern Bank | | Checking | Savings |
|------------|---------------|--------|----------|---------|
| Routing #: | 281573259 | Accour | nt #: | |
| Amount \$: | | or | %: | |
| | | | | |

By signing below, I authorize (company name) and Southern Bank to automatically deposit my check into the account(s) listed above. This authorization is effective as of and will remain in effect until I have filed a new authorization or until this authorization is revoked in writing by me.

Signature

Date

DIRECT DEPOSIT CHECKLIST

Use this list to remember all of your direct deposits that you need to transfer. These are the most common:

- _ Payroll
- _ Retirement/Annuity
- __ Dividends
 - Other (non SSA/SSI)

SOCIAL SECURITY DIRECT DEPOSIT

To update or begin having your social security directly deposited, use one of these methods:

- Go to GoDirect.gov to sign up online
- Call GoDirect at 800-333-1795
- Visit your local Southern Bank branch or SSA office

You may need to submit a voided check. This will allow the depositor to verify the information above. Write VOID in large letters in ink across the check, covering most lines so that nothing else can be written in on the check. One of the starter checks you received when you opened your account will be fine.

Attach voided check here.



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Automatic Withdrawal Authorization Form

Use this fillable form to update your automatic payments, deductions, or withdrawals to your Southern Bank account. Complete and give to your payee(s). If you have any questions, please contact our Resource Center at 1-855-452-7272.

| NOTIFICAT Company Na | ION OF WITHDR ame: | AUTOMATIC WITHDRAWAL CHECKLIST | | |
|-------------------------|--|--------------------------------------|----------------------|--|
| Address: | | | | |
| City, State, Z | Zip: | | | Use this list to remember all of your automatic payments |
| Phone Numb | per: | | | that need to be updated. |
| | | | | These are the most common: |
| Account#: | | Payment Amount: | | Home Mortgage/Rent |
| Name on Account: | | | | Auto Loans |
| | | | | Utilities |
| Please chang | e my automatic wit | account: | Insurance | |
| Bank Name: | | | | Cable/Internet |
| Routing #: | | Account #: | | Cell Phone |
| | | | | Credit Cards |
| | e all future automa lowing account: | | Gym/Club Memberships | |
| Bank Name: | Southern Bank | | | Investments |
| Routing #: | 281573259 | Account #: | | Subscriptions |
| | | | | Charity Donations |
| This authorizat | tion will remain in effe | ct until I have submitted a new | authorization, | |
| - | - | in writing that this authorization | on has been | |
| changed or rev | oked. | | | |
| | | | | |
| Signature | | Date | | |
| Name: | | | | |
| Address: | | | | |
| City, State, Z | ۲ip: | | | |
| | | | | |

Southern BANK

Phone Number:

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Request to Close Account(s)

Use this form to request closure of your old account.

| То: | | | | |
|--|--|--|--|--|
| From: | | | | |
| Re: <u>Request to Close Account(s)</u> | | | | |
| Please accept this letter as my written authoriz financial institution. All of my transactions have credits to my account. | ation to close the following account(s) at your e cleared and I have stopped all automatic debits and | | | |
| Please issue a check for any remaining balance | and send it to my attention at the following address: | | | |
| | | | | |
| Account(s) to close: | | | | |
| Checking Account # | | | | |
| | | | | |
| Authorized Signer | | | | |
| Savings/Money Market Account # | | | | |
| | | | | |
| Authorized Signer | | | | |
| Business Debit Card | | | | |
| Authorized Signer | | | | |
| Authorized Signer | | | | |
| Business Credit Card | | | | |
| | | | | |
| Authorized Signer | | | | |

Your prompt attention to this matter will be greatly appreciated. Thank you.



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