# **Getting Started**

### Making the switch to better banking today!

You can make the move to the Grant County Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Grant County Bank, where you'll enjoy a better experience for all your banking needs!

#### Open your new account.

Apply online in minutes or visit your local branch to open your new Grant County Bank account(s).

#### Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Grant County Bank.

#### Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Grant County Bank.





## **Direct Deposit Authorization**

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Grant County Bank account. Use one form for each direct deposit.

Notification of Dir	Direct Deposit Checklist:	
Company or Employer:		Use this list to remember all your direct deposits you need
Address:		to transfer. These are the most common direct deposits.
City, State, Zip:		Payroll
Phone Number:		Investments
Employee ID:		Retirement Plans
<i>(if applicable)</i>		Social Security
Effective immediately, plea	ase deposit the net amount of my check to my Grant County	
Bank account. I authorize	(name of depositor)	
to automatically deposit fu	inds into the account below. This authorization shall remain in	
place until I have submitte	ed a new authorization, or until this authorization is changed or	
revoked by me in writing.		
Place an X next to your desi	red option.	
Net amount to	o Grant County Bank CHECKING	
Account #	Routing # 101109648	
Net amount to	o Grant County Bank SAVINGS	
Account #	Routing # 101109648	
Signature:	Date:	
Name:		
Address:		
City, State, Zip:		
Phone Number:		





### **Automatic Withdrawal Authorization**

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of \	Withdrawal Aut	horization Ch	ange	Automatic Withdrawal Checklist:
Name of Company:				Use this list to remember all your
Account Number:				automatic payments you need to transfer. These are some of the
Payment Amount:				most commonly used automatic payments.
Address:				
City, State, Zip:				Home Mortgage
Phone Number:				Auto Loans
r none number.				Utilities
Please <b>change</b> my autor	matic withdrawal from t	he following account	2	Insurance
Financial Institution:				Cable/Internet
				Gym/Club Memberships
Account #		Bank Routing #		Credit Cards
Please make all <b>future</b> a	utomatic withdrawals fi	rom the following acc	count:	Investments
Financial Institution:	Grant County Bank			Subscriptions
Account #		Bank Routing #	101109648	Charity Donations
Thank you very much	) <i>.</i>			
This authorization will ren you have been notified by				
Signature:			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				





# **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Grant County Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Congratulations!			
To Whom It May Conce	You had to sign your name a few timesbut submitting these forms			
Financial Institution:		completes your switch to a truly better banking experience. We can't		
Address:		wait to show you the difference a local partner makes.		
City, State, Zip:		Welcome to Grant County Bank!		
Please close my accou	nt:			
Account Number:	Primary Owner:			
Address:				
City, State, Zip:				
Please send the remair	ning balance to:			
Place an X next to your des	ired option.			
Please depo	sit directly to my new account at Grant County Bank.			
Account #	Routing # 101109648			
Please forwa	ard me a check to my address listed below.			
Primary Signature:	Date:			
Joint Signature:				
Name:				
Address:				
City, State, Zip:				
Phone Number:				

