



## SWITCH KIT

We understand your time is valuable and it is our goal to ensure a smooth transition to Xenith Bank. Our switch kit provides the following forms to assist with a seamless conversion:

- 1) **Direct Deposit Authorization**
- 2) **Automatic Payment Authorization**
- 3) **Authorization to Close Account**

Our **Direct Deposit Authorization** form should be used to set up direct deposit(s) or change your current direct deposit(s) to your new Xenith Bank account.

Complete an **Automatic Payment Authorization** form for each company that automatically debits your account. Common automatic payments include:

- Mortgage
- Automobile
- Insurance
- HOA dues
- Utilities

The **Authorization to Close Account** form will inform your previous financial institution of your intent to close your account. This form allows you to choose your account closing date and instructions for any remaining balance. **Before mailing this form please ensure all outstanding checks and debits have cleared, and you have changed all direct deposits and/or automatic drafts.**

For your convenience you are able to type the required information directly into the appropriate form. The Bank's routing number is prefilled and your account number is located to the right of the routing number at the bottom of your checks. For further assistance in this transition, please contact us at 866-867-8500 or visit your local branch.

Thank you for your business and the confidence you have placed in us.



**DIRECT DEPOSIT AUTHORIZATION**

**TO:** \_\_\_\_\_  
(Payer)

**FROM:** \_\_\_\_\_  
(Payee)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(City/State/Zip)

Please accept this form as authorization to change or establish direct deposit for the above payee.

Effective immediately, please begin using the following information for direct deposit of my

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

If you have any questions regarding the establishment or change of my direct deposit please contact me by phone at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or email \_\_\_\_\_.

Thank you in advance for your assistance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)



**AUTOMATIC PAYMENT AUTHORIZATION**

**TO:** \_\_\_\_\_  
(Company accepting payment)

**FROM:** \_\_\_\_\_  
(Customer)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(City/State/Zip)

Please accept this form as authorization to change my bank account information associated with the automatic payment being applied to: \_\_\_\_\_  
(Account and/or customer number)

Effective immediately, please begin using the following information for all future automatic payments:

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

If you have any questions regarding this change please contact me by phone at \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ or email me at \_\_\_\_\_.

Thank you in advance for your assistance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)



**AUTHORIZATION TO CLOSE ACCOUNT**

**TO:** \_\_\_\_\_  
(Financial Institution)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City/State/Zip)

**FROM:** \_\_\_\_\_  
(Account Holder)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City/State/Zip)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(E-Mail Address)

Please accept this form as authorization to close the following account(s) effective \_\_\_\_\_.  
(Date)

Account Number: \_\_\_\_\_ Account type: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account type: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account type: \_\_\_\_\_

For all remaining balances please forward a check payable to me at the above address. If further information is needed do not hesitate to contact me at the phone number or email address provided above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)