

BANK OF ADVANCE

SWITCH KIT



CLOSURE CHECK LIST

- Make sure all checks have cleared on your checking account. Give your Bank of Advance teller a copy of your last bank statement so automatic deposits, withdrawals and bill payment items can be identified.
- Make certain enough funds are available in your old account that may need to be withdrawn. **Account Balance Worksheet**
- Send **Direct Deposit Change Request** to your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in your relationship.
- Send **Automatic Withdrawal Change Request** to vendors who you want to continue to generate automatic withdrawals.
- We will monitor your new account to make sure that all of your automatic payments and direct deposits have made the switch to your new **Bank of Advance** checking account. As soon as all of your automatic payments and direct deposits have been switched, we will notify you that your old account can be closed.
- Send the **Account Closing Request** to the financial institution that you are closing the account.
- Destroy remaining checks and return Debit and ATM cards.
- Print your current Online Bill payment information so we can help you set up payments in our Online BillPay.

Bank of Advance

Missouri Offices

105 E Gabriel ♦ PO Box 400 ♦ Advance, MO 63730 ♦ (573) 722-3517
25021 Walnut St ♦ PO Box 163 ♦ Bell City, MO 63735 ♦ (573) 733-4341
1428 Bus Hwy 60 W ♦ PO Box 829 ♦ Dexter, MO 63841 ♦ (573) 624-1500

Illinois Offices

415 W 5th St ♦ PO Box 215 ♦ Bowen, IL ♦ (217) 842-5234
506 Main St ♦ PO Box 99 ♦ Lerna, IL ♦ (217) 234-9200

www.bankofadvance.com



Please change accounts for my Direct Deposit

DATE

COMPANY MAKING DIRECT DEPOSIT

ADDRESS

CITY

STATE

ZIP

You are currently depositing my (**Paycheck, Social Security Check, Retirement Check, CD Interest Check, or Other** _____) in whole or in part or you are making a payment into the following account:

Old Bank _____

Routing Number _____

Account Number _____

I HAVE OPENED A NEW ACCOUNT AT THE BANK OF ADVANCE. PLEASE DIRECT MY

EXISTING DIRECT DEPOSIT **NEW DIRECT DEPOSIT**
TO MY NEW BANK OF ADVANCE ACCOUNT:

Bank of Advance routing number: 081506523

My *Bank of Advance* checking account number is: _____

I have attached a deposit slip to verify the new account information.

SIGNATURE

PHONE NUMBER

NAME

EMPLOYEE ID # (IF REQUIRED)

ADDRESS

CITY

STATE

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Social Security Office phone number: 800-772-1213 (customer must be present)

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Please change accounts for my Automatic Withdrawal

DATE

COMPANY MAKING DIRECT DEPOSIT

ADDRESS

CITY

STATE

ZIP

I have changed financial institutions to **The Bank of Advance**. You are currently withdrawing \$ _____ (or paying my current bill amount) from the following account:

Old Bank _____

Routing Number _____

Account Number _____

For _____

(Payment Reason)

On _____

(Approximate date of the month)

Please stop making withdrawals from this account on _____ (date) and start making them from my new **Bank of Advance** account: _____

Bank of Advance routing number: 081506523

My **Bank of Advance** checking account number is: _____

I have attached a voided check to verify the new account information.

SIGNATURE

PHONE NUMBER

NAME

EMPLOYEE ID # (IF REQUIRED)

ADDRESS

CITY

STATE

ZIP

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DEPOSIT & PAYMENT CHECKLIST

To make the process easier we've provided the following checklist to make sure all of your direct deposits and automatic payments get redirected to your new **Bank of Advance** account.

DIRECT DEPOSITS

- Payroll Direct Deposit
- Government Deposits
- Brokerage deposits
- Transfers From Other Bank Accounts
- Child Support
- Other Court Issued Deposits
- Other Deposits

UTILITY PAYMENTS

- Gas
- Electric
- Local/Long Distance Telephone Service
- Cellular Phone Service
- Water
- Cable or Satellite TV
- Other

OTHER PAYMENTS

- Insurance
- Internet Service
- Loans
- Mortgages
- Auto Loans
- Other Loans
- Account Transfers To Other Bank Accounts
- Child Support or Court Issued Payments

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Please close my account(s)

DATE

BANK NAME

ADDRESS

CITY

STATE

ZIP

To Whom It May Concern:

Please close the following account(s) with your institution:

Account # Checking Savings Money Market Other

Account # Checking Savings Money Market Other

Account # Checking Savings Money Market Other

Account # Checking Savings Money Market Other

If you have any questions about this request, please contact me as soon as possible at the following number. Thank you for your prompt attention.

PHONE NUMBER

Sincerely,

PRIMARY ACCOUNT HOLDER
SIGNATURE

NAME (PLEASE PRINT)—SSN #

SECONDARY ACCOUNT HOLDER SIGNATURE
SSN#

NAME (PLEASE PRINT)—

PLEASE MAIL AN OFFICIAL BANK CHECK FOR THE TOTAL BALANCE (PLUS ANY INTEREST ACCRUED, IF APPLICABLE) MADE PAYABLE TO THE FOLLOWING:

NAME

ADDRESS

CITY

STATE

ZIP