



Make The Switch to **ARBOR BANK**

This easy to use kit includes everything you need to make moving your checking account a breeze. Simply follow these five easy steps and the enclosed forms.

Step 1: Open your Arbor Bank account

Stop by any Arbor Bank location to open your account. Our qualified account representatives will find a type of account that will fit your needs. We will complete Step 1 for you!

Step 2: Change Direct Deposits

Fill out the enclosed form and give it to your employer or any other company that deposits funds into your account. NOTE: Changes to Social Security direct deposits may be made by calling 1-800-772-1213.

Step 3: Change Automatic Payments

Use the enclosed form to change all automatic withdrawals or automated payment services. Be sure to include any payments that use your old debit card number.

Step 4: Stop using your old account

Let all of your checks clear and make sure all of your direct deposits and automatic withdrawals have started to come out of your new Arbor Bank account. Destroy any unused checks, deposit slips, and debit cards.

Step 5: Close your old account

Send the enclosed form to your old bank. If there are funds remaining in your old account, a check will be sent to you for the balance.

ARBOR BANK – *Nebraska City*
911 Central Avenue PO Box 429
Nebraska City, NE 68410
(402) 873-3388
Fax: (402) 873-4932

ARBOR BANK – *Oakland*
301 Oakland Avenue PO Box 68
Oakland, IA 51560
(712) 482-6431
Fax: (712) 482-3330

ARBOR BANKING GROUP
an office of ARBOR BANK
2323 S 171st Street Suite 106
Omaha, NE 68130
(402) 933-7632
Fax: (402) 934-1419

www.arborbanking.com
Member FDIC
Equal Housing Lender

Step 2: Direct Deposit and Direct Payments Authorization Form

Authorization Agreement

Complete this form to authorize an employer, other companies, or agencies to directly deposit your payroll or other income to your Arbor Bank checking, savings, or money market account. Use one form for each direct deposit. Make additional copies as needed.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number (_____) _____ - _____

Account Information

Effective immediately, please deposit my funds automatically into the account listed below. This authorization will remain in effect until I have submitted a new authorization or until this authorization is revoked by me in writing.

Arbor Bank Account Type: Checking Savings

Arbor Bank Account Number: _____

Arbor Bank ABA Routing Number :104900527

Arbor Bank Street Address: 911 Central Avenue
Nebraska City, NE 68410 301 Oakland Avenue
Oakland, IA 51650

Complete this section only if this direct deposit is currently posting to your former bank account:

Current Automatic Deposit Description: _____

Name of Previous Financial Institution: _____

Previous Account Number: _____ Previous Routing Number: _____

Signature

Primary Accountholder's Signature _____ Date: _____

Joint Accountholder's Signature _____ Date: _____

Step 3: Automatic Payment Authorization Form

Authorization Agreement

Complete this form to authorize your service providers to electronically debit your Arbor Bank checking, savings, or money market account. Use one form for each automatic payment. Make additional copies as needed. Mail to service provider when completed.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number (_____) _____ - _____

Service Provider

Name of Service Provider: _____

Service Provider's Phone Number: (_____) _____ - _____

Account Number with Service Provider: _____

Account Information

Effective immediately, please use the account listed below for the automatic payment.

Arbor Bank Account Type: Checking Savings

Arbor Bank Account Number: _____

Arbor Bank ABA Routing Number :104900527

Arbor Bank Street Address: 911 Central Avenue
Nebraska City, NE 68410 301 Oakland Avenue
Oakland, IA 51650

I am closing the existing account number _____ from which you are currently authorized to deduct automatic payments. This form authorizes you to establish an automatic payment deduction from my new Arbor Bank account effective on this date _____.

Signature

I authorize the service provider listed above to initiate payments from my Arbor Bank account also listed above. This authorization will remain in effect until you receive a written notice of termination from me. I acknowledge the origination of ACH transactions to my account must comply with the provision of US laws.

Primary Accountholder's Signature _____ **Date:** _____

Joint Accountholder's Signature _____ **Date:** _____

Step 5: Account Closure Request

Close the accounts at your former financial institution

This account closure request allows you to specify the date you want your former account closed and where you want your remaining balance sent

Today's Date: _____ Former Account Number(s): _____

Name of Former Institution: _____

Address: _____

City, State, Zip: _____

Effective as of (Date): _____

Authorization

This letter serves as a request to close account(s) # _____.
Please send a check for the remaining balance to the address listed below.
If you have any questions please contact me at the following number
(____) ____ - _____

Thank You

Account Holder Name and Address

Name: _____

Address: _____

City, State, Zip: _____

Signature

Primary Signature _____ Date: _____

Joint Signature _____ Date: _____