

### Move to a better banking RELATIONSHIP today!

Getting Started

You can make the move to INDEPENDENCE Bank in three easy steps. Everything you'll need is provided in this handy Relationship Kit. We can't wait to welcome you to the INDEPENDENCE Bank, where you'll enjoy the beginning of our personal Banking Relationship!

### PREPARE TO OPEN YOUR NEW ACCOUNT.

Visit INDEPENDENCE BANK to open your new account(s). The documents below will help you prepare for our new Relationship



# SWITCH YOUR DIRECT DEPOSITS AND AUTOMATIC WITHDRAWALS.

If you have any automatic transactions, use the provided forms to seamlessly switch them to INDEPENDENCE BANK.

### CLOSE YOUR OLD ACCOUNT.

Now you're ready to start the relationship. Simply fill out the form provided to close your old account. Any remaining account balance will be transferred to INDEPENDENCE 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 Independence Bank account. **USE ONE FORM FOR EACH DIRECT DEPOSIT**.

#### **Notification of Direct Deposit Authorization Change**

Company or Employer:	
Address:	
City, State, Zip:	
Phone Number:	
<b>Employee ID:</b> <i>(if applicable)</i>	
Effective immediately,	please deposit the net amount of my check to my
INDEPENDENCE Bank ac	ccount. I authorize ( <i>depositor name</i> )
to automatically deposit	funds into the account below. This authorization shall remain

to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

Net amount t	to Independence CHEC	KING	
Account #		Routing #	41201813
Net amount t	to Independence Bank	SAVINGS	
Account #		Routing #	41201813
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

#### **Direct Deposit Checklist:**

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

- \_\_\_\_ Payroll
- \_\_\_\_ Investments
- \_\_\_ Retirement Plans
- \_ Social Security





## Account Withdrawal 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 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 Authorization Change		Automatic Withdrawal	
Name of Company:			Checklist:
Account Number:			Use this list to remember all your automatic payments you need
Payment Amount:			to transfer. These are some of the most used automatic
Address:			payments.
City, State, Zip:			Home Mortgage
Phone Number:			Auto Loans
			Utilities
Please cancel all automa	tic withdrawals from <b>my old institution</b> :		Insurance
Financial Institution:			Cable/Internet
Account #	Bank Routing #		Gym/Club Memberships
Please make all future at	Itomatic withdrawals from <b>my new institution</b> :		Credit Cards
Financial Institution:	Independence Bank		Investments
Account #	Bank Routing # 4	1201813	Subscriptions
			Charity Donations
	nain in effect until I have submitted to you a new au me in writing that this authorization has been chan		
Signature:	Dat	e:	

-			
Name:			
Address:			
City, State, Zip:			
Phone Number:			





### Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Independence 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 Account Closure Authorization**

To Whom It May Concern:	
Financial Institution:	
Address:	
City, State, Zip:	
Disco di se un securito	
Please close my account:	
Account Number:	Primary Owner:
Address:	
City, State, Zip:	
Please send the remaining balance	to:
Place an X next to your desired option.	
Please deposit directly to	o my new account at INDEPENDENCE BANK.
Account #	Routing # 41201813
Please forward me a che	eck to my address listed below.
Primary Signature:	Date:
Joint Signature:	
Name:	
Address:	
714410001	
City, State, Zip:	

#### **Congratulations!**

You had to sign your name a few times...but submitting these forms completes your switch to our personal relationship banking experience. We can't wait to show you the difference joining our banking family makes.

If you still have any questions or need help completing these forms, we are ALREADY here to begin your banking relationship. E-Mail us at <u>Onlinebanking@theindebank.com</u>, or call and speak to a REAL PERSON at (216) 447-4444.

Welcome to Independence Bank!



Phone Number:

