# **Getting Started**

### Making the switch to better banking today!

You can make the move to Bank of Little Rock in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Bank of Little Rock, 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 Bank of Little Rock account(s).



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

If you have any automatic transactions, use the provided forms to seamlessly switch them to Bank of Little Rock.



#### 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 Bank of Little Rock.





## **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 Bank of Little Rock account. Use one form for each direct deposit.

Notification of Direct	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
(if applicable)		Social Security
Effective immediately, please de	posit the net amount of my check to my Bank of Little	
Rock account. I authorize (name	of depositor)	
to automatically deposit funds in	to the account below. This authorization shall remain in	
place until I have submitted a ne	w authorization, or until this authorization is changed or	
revoked by me in writing.		
Place an X next to your desired opt	ion.	
Net amount to Bank	of Little Rock CHECKING	
Account #	Routing # 082001687	
Net amount to Bank	of Little Rock SAVINGS	
Account #	Routing # 082001687	
Signature:	Date:	
Name:		
Address:		
City, State, Zip:		
Phone Number:		





### **Automatic Withdrawal Authorization**

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

Member

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					omatic Withdrawal cklist:
Name of Company:					this list to remember all your
Account Number:					natic payments you need to
Payment Amount:					fer. These are some of the commonly used automatic
Address:					ients.
					Home Mortgage
City, State, Zip:				_	Auto Loans
Phone Number:					Utilities
Please <b>change</b> my autor	matic withdrawal from th	ne following account:		_	
Financial Institution:					Cable/Internet
Account #		Bank Routing #			Gym/Club Memberships
					Credit Cards
Please make all <b>future</b> a	automatic withdrawals fr	om the following acc	ount:		Investments
Financial Institution:	Bank of Little Rock				Subscriptions
Account #		Bank Routing #	082001687		Charity Donations
Thank you very much	).				
This authorization will ren you have been notified by					
Signature:		I	Date:		
Name:					
Address:					
City, State, Zip:					
Phone Number:					



# **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Bank of Little Rock 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 Financial Institution: Address: City, State, Zip:		You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes. Welcome to Bank of Little Rock!
Please close my accour	nt:	
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Account #		
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		



