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 change my autor | matic withdrawal from th | ne following account: | | _ | |
| Financial Institution: | | | | | Cable/Internet |
| Account # | | Bank Routing # | | | Gym/Club Memberships |
| | | | | | Credit Cards |
| Please make all future 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: | | |
| | | |



