



SWITCH KIT

Clayton • 121 Rickman Street • (706) 782-4571 • Toll-Free 1-800-866-5219 | Dillard • 7408 Highway 441 North • (706) 746-2221 • Toll-Free 1-888-945-9309
Cornelia • TRADITIONS BANK: 210 Cannon Bridge Rd • P.O. Box 787 • (706) 778-9256 • Toll-Free 1-888-778-9299

Switching to Rabun County Bank is Easy! Our switch kit forms make it easy to move your accounts to Rabun County Bank. Just complete the appropriate enclosed forms, bring them to your local Rabun County Bank location and we can start the process. Your forms include:

CUSTOMER ACCOUNT INFORMATION (FORM #1)

Complete this form to start your account with us.

AUTHORIZATION TO CLOSE MY CURRENT CHECKING ACCOUNT (FORM #2)

Complete this form and we will return it to your former bank. One form should be used for each account you wish to close. Please make copies as needed or ask us for additional forms.

AUTHORIZATION TO RE-DIRECT MY DIRECT DEPOSIT (FORM #3)

Complete this form to authorize an employer, organization or other entity with whom you have arranged direct deposit to direct deposit payroll or other checks into your new Rabun County Bank account. Please complete one form for each automatic deposit you wish to change.

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT (FORM #4)

Complete this form to notify a company of your request to redirect your automatic payment from your new Rabun County Bank account. Please complete one form for each automatic payment you wish to change.

Please note that some companies may require their own forms for changes. Should you have any other questions, please feel free to contact Rabun County Bank.

Form #1

CUSTOMER ACCOUNT INFORMATION *(please print neatly)*

Name(s): _____

Mother's Maiden Name: _____

Business Name: _____

Address : _____

Home Phone: _____ Work: _____ Cell : _____

Place Of Employment: _____

Place Of Employment: _____

Birth Date(s): _____

SS#: _____ SS#: _____

Drivers License: _____ St.: _____ Issue Date: _____ Exp: _____

Drivers License: _____ St.: _____ Issue Date: _____ Exp: _____

Check type: Wallet Duplicate



ACCOUNT SELECTION INFORMATION

	JOINT	INDIVIDUAL
Free Checking	<input type="checkbox"/>	<input type="checkbox"/>
Secure Plus Club	<input type="checkbox"/>	<input type="checkbox"/>
Interest Checking	<input type="checkbox"/>	<input type="checkbox"/>
Investment Checking	<input type="checkbox"/>	<input type="checkbox"/>
Money Market Growth Account	<input type="checkbox"/>	<input type="checkbox"/>
Mature Banking Assoc. Savings	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Club	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Individual Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>

E-Mail Address: _____

Form #2

AUTHORIZATION TO CLOSE MY CURRENT CHECKING ACCOUNT (please print neatly)



DATE: _____

On ___/___/___, please close my Checking Account Number _____ at _____

Account Holder Name: _____ Social Security Number: _____

Joint Account Holder Name: _____ Social Security Number: _____

Former Bank Address: _____

I (we) have opened a Rabun County Bank Checking Account Number: _____

Rabun County Bank's address is: **P.O. Box 845, Clayton, GA 30525**

On the authorized closing date, send a check for my account balance: To Rabun County Bank To Me

Address where check is to be sent: _____

If mailed to Rabun County Bank, please put to the attention of: **Customer Service Department**

Signature(s): _____

Form #3

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT (please print neatly)



DATE: _____

Account Number: _____

Account Holder Name: _____ Social Security Number: _____

Direct Deposit from: _____

Please establish a new DIRECT DEPOSIT to my NEW CHECKING/SAVINGS ACCOUNT effective: _____

Rabun County Bank's ABA Number is: **061102662**

Rabun County Bank's address is: **P.O. Box 845, Clayton, GA 30525**

I have enclosed a deposit ticket so that you may verify my new Rabun County Bank account number and routing information.

Signature(s): _____ Daytime Telephone: _____

Please complete this for each company, organization or entity with whom you have arranged for Direct Deposit.

Form #4

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT (please print neatly)



DATE: _____

On ___/___/___, please discontinue debiting my Checking Account Number _____ at _____

I hereby authorize you to begin Automatic Payment from my new Rabun County Bank Checking/Savings

Account Number: _____ Effective: _____

My account number with your company: _____ The authorized payment amount is: \$ _____

Rabun County Bank's ABA Number is: **061102662**

Rabun County Bank's address is: **P.O. Box 845, Clayton, GA 30525**

I have enclosed a voided check so that you may verify my new account number and routing information.

Signature(s): _____

Please complete this form for each company, organization or entity with whom you have arranged for Automatic Payment deductions from your checking account. Additional forms are available from Rabun County Bank.