

# Step 1

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## Open Your New Account

Visit your nearest Five Points Bank location and we will find an account that is perfect for you. Ready now? Apply online!

# Step 2

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## Open Your New Account

Once your account is open, our step-by-step guide will help you switch over direct deposit and automatic payments.

### Direct Deposit Examples:

- Payroll
- Social Security

### Automatic Payment Example:

- Utilities
- Health / Auto Insurance
- Mortgage Payment

(Print/Save as many automatic payment pages as you need)

# Step 3

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## Close Your Old Accounts

Send your old financial institution the Account Closing Request form found in our SwitchKit. If you need any help with your switch over to Five Points Bank, we would love to help you!

# Direct Deposit Authorization

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## Employer Information

Name \_\_\_\_\_

Please switch my Direct Deposit to Five Points Bank starting:

Date: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NEW ACCOUNT #: \_\_\_\_\_

NEW BANK ROUTING#: \_\_\_\_\_

## Employee Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Authorized Employee Signature

\_\_\_\_\_ **Date** \_\_\_\_\_

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# Authorization for Automatic Payments

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**Service Provider:** \_\_\_\_\_

My account # with your organization: \_\_\_\_\_

Please switch my automatic payment to Five Points Bank starting:

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Account: \_\_\_\_\_

(Checking or Savings)

New Account #: \_\_\_\_\_

New Bank Rounting #: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Authorized Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

# Account Closing Request

To: \_\_\_\_\_  
(Financial Institution Name)

From: \_\_\_\_\_  
(Name(s) on Account)

Please **close** the following accounts with your institution:

ACCOUNT TYPE: _____ ACCOUNT #: _____	ACCOUNT TYPE: _____ ACCOUNT #: _____
ACCOUNT TYPE: _____ ACCOUNT #: _____	ACCOUNT TYPE: _____ ACCOUNT #: _____

All remaining balances should be sent to the following address:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_