



*The hassle-free way to switch your existing accounts to Alliance Bank.*



## Guide

**This Switch Kit is designed to help both you and your new customer ease through the process of switching banks. You will need to work together on each of the components. I hope it helps! Good Luck with the cross-sell piece!**

### **Step 1: Gather New Account Information**

**Always start with this process first.**

**Refer to your Office Manager for instructions and/or questions.**

### **Step 2: Authorization to Switch Direct Deposit**

**Have the customer complete and sign this form. Provide them with their new account number. This too you will mail for the customer to the company indicated. There could be several of these to do.**

### **Step 3: Automatic Payment Change Notification**

**The customer should take this sheet with them. You may provide multiple copies for them to take home. They will need to fill one out for each company making automatic drafts from their existing checking account. Remind them to review their last 3 statements to determine if/who they have automatic payments coming out NOT initiated by them through Bill Pay. If they are currently using Bill Pay with their existing bank, Bill Pay will close along with the account closure. Recurring payments that had been set, will need to be reset with our Bill Pay. A payment reminder checklist is included on page 2.**

### **Step 4: Authorization to Close Account(s)**

**Have the customer complete and sign this form. You will then mail it to their previous financial institution for them.**

### **Step 5: Account Access Services**

**This sheet is designed to help you cross-sell other Alliance services and products by showing the customer ways to access their funds and account information.**



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## NEW ACCOUNT INFORMATION

### Account Information

Account Type

- Personal
- Business
- Organization

Account Ownership (choose one option)

- Individual
- Joint Tenants with Right of Survivorship
- Trust
- Uniform Transfer to Minor, Custodian for:

\_\_\_\_\_

### Primary Account Holder Information

### Joint Owner Information

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Last Name, First Name, MI

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

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

\_\_\_\_\_  
Date of Birth, SS#

\_\_\_\_\_  
Date of Birth, SS#

\_\_\_\_\_  
Home phone#, Email Address

\_\_\_\_\_  
Home phone#, Email Address

\_\_\_\_\_  
Employer's Name, Your position

\_\_\_\_\_  
Employer's Name, Your position

\_\_\_\_\_  
Employer's Address and phone#

\_\_\_\_\_  
Employer's Address and phone#

\_\_\_\_\_  
Drivers License #, Exp. Date

\_\_\_\_\_  
Drivers License #, Exp. Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



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**AUTHORIZATION TO SWITCH DIRECT DEPOSIT**

**Distribution Type:**

- Payroll   
  Bonuses/Commissions   
  Annuities   
  Dividend/Interest  
 Pension   
  Income Tax Refunds   
  Vendor   
  Travel expense settlements  
 Social Security

**I authorize** *(Company Information):*

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**to accept this signed form to direct my payment/credit to my Alliance Bank checking/savings account. I understand that it may take up to 30 days to process this request.**

**Alliance Bank**

**Account type:**     Checking     Savings

**ACH Routing/Transit Number: 074912674    Account #** \_\_\_\_\_

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

\_\_\_\_\_  
**Joint Signature** **Date**

Step 3



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## AUTOMATIC PAYMENT CHECKLIST

- Mortgage
- Electricity
- Telephone
- Insurance
- Cable
- Cell Phone
- Internet
- Loans
- Credit Cards
- Investments
- Charities
- Health Clubs
- Other



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## AUTOMATIC PAYMENT CHANGE NOTIFICATION

**Complete and submit this form to all creditors that are automatically taking payments from your existing checking account. We suggest that you review your last 3 bank statements. Do not confuse this with Bill Pay; you control those items. You may make as many copies of this document as you need.**

\_\_\_\_\_  
**Company making automatic withdrawal** **Date**

\_\_\_\_\_  
**Address, City, State, Zip**

**To whom it may concern:**

**You are currently withdrawing \$\_\_\_\_\_ for my\_\_\_\_\_ (what payment is for), \_\_\_\_\_ (account or other identifying number), \_\_\_\_\_ (when) from the following account:**

**Old Bank** \_\_\_\_\_  
**Bank Routing Number** \_\_\_\_\_  
**Account Number** \_\_\_\_\_

**Please stop making withdrawals from that account and instead make them from:**

**Alliance Bank**  
**Routing Number 074912674**  
**Account Number** \_\_\_\_\_

**If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at (\_\_\_\_\_)\_\_\_\_\_. Thank you.**

\_\_\_\_\_  
**Signature** **Printed Name**

\_\_\_\_\_  
**Address, City, State, Zip**



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## AUTHORIZATION TO CLOSE ACCOUNT

**Please complete and sign to let Alliance Bank close your account.**

**Previous Financial Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**This form gives you the authorization to close my**  **Checking**  **Savings**

**Account Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**and forward the balance to Alliance Bank: *(Circle One)***

**Alliance Bank**

PO Box 188 Francesville 47946 - PO Box 658 Monon 47959 - 209 Rickey Rd Monticello 47960 -  
PO Box 298 Otterbein 47970 - PO Box 46 Oxford 47971 - PO Box 278 Rensselaer 47978 -  
PO Box 276 Winamac 46996

**Please make the check payable to Alliance Bank for benefit of**  
*(Customer Name):*

\_\_\_\_\_  
**Your prompt attention to this request is appreciated.**  
**Thank you.**

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

\_\_\_\_\_  
**Joint Signature** **Date**



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**ACCOUNT ACCESS SERVICES**

**Order a VISA Check Card for:**

- Me  Joint Owner

**Sign me up for Online Banking**

**Order my first box of checks with the following information:**

Check Style \_\_\_\_\_

Check # to Start \_\_\_\_\_ Box Quantity \_\_\_\_\_

\_\_\_\_\_  
**Name 1** **Phone #**

\_\_\_\_\_  
**Name 2** **Phone #**

\_\_\_\_\_  
**Address, City, State, Zip**

**REQUEST FOR MORE INFORMATION**

I would like more information about the following Alliance Bank products and services.

- Savings Accounts**
- Checking Accounts**
- Overdraft Privilege**
- Online Banking & Bill Pay**
- E-Statements**
- Money Market Account**
- Certificates of Deposit**
- VISA Credit Card** - Platinum with Rewards or Classic
- Mortgage Loans**
- Home Equity Loans & Lines of Credit**
- Auto, Boat, & RV Loans**
- Commercial Loan or Business LOC**
- Individual Retirement Accounts (IRAs)**
- Investments**