



EASY Switch Kit

- Step 1: New Account Information** – This contains all the information we'll need to establish your account.
- Step 2: Direct Deposit Request** – Direct Deposit simplifies everything! This form can be sent to your employer or other payment source, so your funds can be automatically deposited to your accounts each pay period. Very convenient. And, if you already have your Direct Deposit going elsewhere, you can simply switch it to your new MCNB Banks account.
- Step 3: Automatic Payment Cancellation Letter** – Sign this prepared form and send it to each company/merchant currently authorized to withdraw payments from your old account. Have them to switch to your MCNB Banks account too.
- Step 4: Account Closing Letter** – This form is all ready for you to fill in the blanks and sign; it notifies your old bank about the accounts you are closing and gives directions for the disbursement of any remaining funds.

But what do I do with my...

Unused checks and debit card – bring them in; we'll recycle them for you!

Former bill payment account – bring us a list of your payees, and we'll help you set them up!

If you have any questions or need assistance, we are happy to help. Simply call our Customer Service Number at 800-532-9553 or stop by any one of our convenient offices. Our friendly staff will guide you through the easy steps to switch your accounts to MCNB Banks.

Please note that Primary and Joint account holders will need to sign an official account form in person at an MCNB Banks office before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future. (The purpose of this questionnaire is to begin the application process. All applications are subject to approval.)

New Account Information

Individual Account

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone

Work Phone

Email Address

Joint Account

Name

Street Address (if different)

City, State, Zip (if different)

Mailing Address (if different)

Home Phone

Work Phone

Email Address

Primary Account Holder Information

Social Security Number

Driver's License Number

Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Position

Joint Account Holder Information

Social Security Number

Driver's License Number

Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Position

I would like to open:

Free Checking Regular Checking Personal NOW Money Market

I/we would like an ATM/Visa® debit card (circle one). # of cards: _____

I/we would like transfer capabilities at the ATM and online.

I/we would like free online access to account(s).

Direct Deposit Request

To: _____
From: _____
Address: _____
City: _____
State, Zip: _____
SSN: _____

(NOTE: For **Social Security Direct Deposit**, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at [www.ssa.gov/deposit/.](http://www.ssa.gov/deposit/))

Please send an automatic direct deposit to:

MCNB Banks
75 Wyoming St
PO Box 549
Welch WV 24801-0549
800-532-9553

Bank Routing & Transit Number:
051501723

Please discontinue sending my automatic direct deposit to

(Previous Financial Institution): _____

Account #: _____

Please begin sending the same deposit to MCNB Banks.

Deposit \$ _____ OR entire amount to Checking Account # _____

Deposit \$ _____ OR entire amount to Savings Account #: _____

I authorize:

- i. above listed entity to initiate deposit of my funds to my MCNB Banks Checking Account.
- ii. MCNB Banks to credit entries to my account.
- iii. this authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____

Date: _____

Automatic Withdrawal Transfer

To: _____
From: _____
Address: _____
City: _____
State, Zip: _____

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with MCNB Banks. The automatic withdrawal is being applied to the following account, which I have with your organization:

Account # with Company: _____
Debit Amount: \$ _____

I currently have my automatic debit coming out of the following account:

Financial Institution: _____
Account #: _____
ABA Routing #: _____

As soon as possible, I would like this automatic debit redirected to my new account with MCNB Banks as follows:

Account #: _____
ABA Routing #: 051501723

If you have any questions, please call me at _____

Signature: _____

Date: _____

Account Closing Request

To: _____

From: Primary Account Holder _____

Secondary Account Holder _____

Address _____

City, State, Zip _____

Please close the following account(s) with your institution:

Account Type	Account #	Send Payment At Once	Defer Payment Until Close of Interest Period

(NOTE: If closing out a password account, please include passbook with this letter.)

Pay to the order of: MCNB Banks F/B/O
 Together with all interest or dividends that may have
 Become due on above listed accounts.

Forward funds to: MCNB Banks
 PO Box 549
 Welch WV 24801

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Date: _____