



Easy Switch Kit

It is easy to make MCNB “Your Bank”!

Step 1: New Account Information – This contains all the basic 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 Withdrawal/Payment Change Request – Sign this prepared form and send it to each company/merchant currently authorized to withdraw payments from your old account. Have your automatic withdrawals switched to your MCNB Banks account too!

Step 4: Account Close Request – This form is ready for you to fill in the blanks and sign. It notifies your previous 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. Find the closest office to you on our website – www.mcnbbanks.com. Our friendly staff will be happy to guide you through the easy steps to switch your accounts to MCNB Banks.

Please note primary and joint account holders will need to sign an official account form in person at a MCNB Banks office before the account can be opened. The purpose of this questionnaire is to begin the application process. All applications are subject to approval.

New Account Information

Primary Name

Social Security Number

Name

Home/Physical Address

City, State, Zip

Mailing Address (if different)

Home Phone

Cell Phone

Work Phone

Email Address

Date of Birth

Driver's License Number

Expiration Date

Position

Employer

Mother's Maiden Name

Secondary Name *(if applicable)*

Social Security Number

Name

Home/Physical Address

City, State, Zip

Mailing Address (if different)

Home Phone

Cell Phone

Work Phone

Email Address

Date of Birth

Driver's License Number

Expiration Date

Position

Employer

Mother's Maiden Name

I would like to open:

☐ Checking

To help us match you with "Your Account", show which of the following benefits are most important to you. Use numbers 1-5, where 1 is most important, 2 is next most important and so on.

I'd like to...

___ Receive a premium INTEREST rate on my account balance.

___ Use ANY ATM for free.

___ Receive CASH BACK for having a checking account.

___ Get a great account for a YOUNG customer of 23 years or less.

___ Have a way to ELIMINATE MONTHLY SERVICE CHARGE on my checking account.

☐ Savings

☐ Certificate of Deposit

Direct Deposit Request

Date: _____

To: _____

Address: _____

City, St, Zip: _____

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/.

To Whom It May Concern:

As of today, please begin sending my direct deposit to my MCNB Banks account provided below:

MCNB Routing Number: **051501723**Deposit _____ to [checking/savings] (*circle*) Account # _____Deposit _____ to [checking/savings] (*circle*) Account # _____Deposit _____ to [checking/savings] (*circle*) Account # _____**Bank Information:**

MCNB Bank and Trust Co, 75 Wyoming St/PO Box 549, Welch WV 20801 – 304-436-4112

I authorize:

- i. the entity listed above to initiate deposit of my funds to my MCNB account(s).
- ii. MCNB Banks to credit entries to my account(s).
- iii. this authorization to remain in effect until I send written notice of change/cancellation.

Signature: _____

Printed Name: _____

Identifier (SSN, ID Number, etc.): _____

Contact Phone/Email: _____

Automatic Withdrawal/Payment Change Request

Date: _____

To: _____

Address: _____

City, St, Zip: _____

To Whom It May Concern:

As of today, please have my automatic withdrawal/payment taken from my MCNB Banks account provided below.

MCNB Routing Number: **051501723** _____

MCNB Account Number: _____

Bank Information:

MCNB Bank and Trust Co, 75 Wyoming St/PO Box 549, Welch WV 20801 – 304-436-4112

This withdrawal/payment is being applied to my account with your company provided below.

Account #: _____

Amount: \$ _____

I authorize:

- i. the entity listed above to initiate the withdrawal of funds from my MCNB account.
- ii. MCNB Banks to debit entries from my account(s).
- iii. this authorization to remain in effect until I send written notice of change/cancellation or the obligation is met in full.

Signature: _____

Printed Name: _____

Contact Phone/Email: _____

Account Close Request

Date: _____

To: _____

Address: _____

City, St, Zip: _____

To Whom It May Concern:

As of today, please close the following account(s) with your institution:

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

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 24801-0549

Signature (Primary Owner)_____
Signature (Secondary Owner)_____
Printed Name (Primary Owner)_____
Printed Name (Secondary Owner)

Address: _____

City, St, Zip: _____

Phone/Email: _____