Making the right move has never been easier!

Moving an account from your current bank to Community National Bank is as simple as 1-2-3. With Community National Bank’s Switch Kit, any existing direct deposits or automatic payments will seamlessly transfer to your new Community National Bank account.

How does it work? Simply fill out the enclosed forms as needed and return them to the appropriate bank, person or company.

1. Fill out the “Close Account Request” and mail or drop off at your old bank.

2. To authorize Direct Deposit of your payroll check, fill out and sign the “Payroll Deposit Change Form” attach a voided check from your new Community National Bank account and give to your employer’s Human Resources or Payroll Department.

3. To change your Direct Deposit of your Social Security Check just provide us with your social security number and we will take care of the rest.

4. Fill out and mail or drop off an “Automatic Account Debit Change Authorization Form” for every automatic debit you want to have deducted from your new Community National Bank account.

Too much trouble? Stop by Community National Bank and we’ll fill out all the forms for you!

COMMUNITY National Bank
"Community Minded...Community Strong"
QUESTIONS

Q  What do I do with the checks I already have?
A  Bring them with you when you open your new Community National Bank account. We’ll recycle them.

Q  What about my paycheck that is directly deposited into my old account?
A  Simply fill out the “Payroll Deposit Change Form” and give it to your employer.

Q  What about my social security check that is direct deposited?
A  We will notify the Social Security office for you.

Q  Won’t it be a hassle to switch my automatic withdrawals?
A  Absolutely not. We’ll do everything we can for you – just fill out the “Automatic Account Debit Change Authorization Form”.

Q  What do I tell my old bank?
A  We made you an offer you couldn’t refuse.

Please call us with any questions at 785-336-6143.
Automatic Account Debit Change Authorization Form

Name of Service Provider

Customer Name

Address

City/State/Zip

Social Security #

Account/Customer #

I hereby authorize my automatic withdrawal in the amount of $_________________________ to be Changed from my current checking account #_____________________________ at (financial institution)_____________________________ to my new Community National Bank account(s) as listed below:

Checking Account #_____________________________

ABA Routing #_____________________________ 101104504

Effective Date: _______________________________

Amount to be withdrawn: $____________________

Signature ______________________________________

Date __________________________________________

(Please attach a voided check to this form. Do not attach a deposit slip)
PAYROLL DEPOSIT FORM

Payroll Deposit Change Form
To be given to your employer’s Human Resources or Payroll department

Name _______________________________________________________________________________
Address _______________________________________________________________________________
City/State/Zip __________________________________________________________________________
Social Security # _______________________________________________________________________
Employee # (if applicable) __________________________________________________________________

I hereby authorize direct deposit of my paycheck to be changed from my current bank account
#___________________________ At (financial institution)______________________________________
To my new Community National Bank account(s) as listed below:

Checking Account # __________________________
Amount/Percent to be deposited $________________________

Savings Account # __________________________
Amount/Percent to be deposited $________________________

Effective Date: _______________________________________

ABA Routing # __________ 101104504

Signature ___________________________________________
Date _______________________________________________

(Please attach a voided check to this form. Do not attach a deposit slip)
Close Account Request

Name _______________________________________________________________________________
Address ______________________________________________________________________________
City/State/Zip __________________________________________________________________________
Social Security # ________________________________________________________________________

I hereby request that the following deposit account(s) with you be closed:

Account # __________________________
Type: _______Checking   _______Savings
     Other ______________________________________________________

Account # __________________________
Type: _______Checking   _______Savings
     Other ______________________________________________________

Account # __________________________
Type: _______Checking   _______Savings
     Other ______________________________________________________

Please forward all remaining funds to me by check at the address shown above.

Signature ___________________________________________
Date _______________________________________________
If there will be a penalty or fee, please contact me at
Phone # ___________________________________________

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