

GRAND SAVINGS BANK'S SWITCH KIT

WORKSHEET:

THIS WORKSHEET IS FOR YOUR RECORDS ONLY. THIS WORKSHEET WILL HELP YOU COLLECT AND KEEP INFORMATION NEEDED FOR SWITCHING YOUR ACCOUNT

Account(s) To Close:

This is information needed about institutions to submit and close accounts with them. **Sign and mail Authorization to Close Account(s) Form only when all ACH direct deposits and automatic debits have been switched and all outstanding checks have cleared.** Submitting form(s) before all items have been completed could result in delay of closures. Please note: Do not close old accounts until funds have been transferred to your new Grand Savings Bank account(s).

INSTITUTION	ACCOUNT NUMBER	PHONE	DATE MAILED	DATE CONFIRMED	COMPLETED

Direct Deposit Change

List any companies who regularly deposit funds into your account. Some common uses of Direct Deposit include payroll, taxes, or expense reimbursements. If account is joint owned with multiple direct deposits, a form for each deposit is necessary.

DEPOSITOR NAME/ADDRESS	PHONE/FAX



WORKSHEET (CONT.):

Automatic Debit (ACH) Account Change

Collect all information on companies that make electronic withdrawals from your account. This includes automatic debits (ACH) or automatic charges to your debit card. Rent/mortgage, utilities, phone, and cable bills are common uses of automatic debits.

INSTITUTION	PHONE	ACCOUNT NUMBER	DATE MAILED	DATE CONFIRMED	COMPLETED

Online Bill Payees

If you use bill pay services at previous institutions, then you will need to move information over manually. If you have not signed up for bill pay services, you may do so through your Grand Savings Bank online banking account.

INSTITUTION	PHONE	ACCOUNT NUMBER	AUTO SCHEDULED	AMOUNT



AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please print as many forms as needed. Complete form(s) and mail or fax to each organization (Social Security, employer, etc.) where you have Direct Deposits from. Enclose a voided check so that they may verify the routing, transit, and your account number. **Please Note that some companies or organizations may only accept the use of their forms. It is always best to call each company to verify procedures for submitting a change in bank information. If you are receiving Social Security Benefits this can be changed over the phone.**

I am in the process of closing account(s) at:

Financial Institution

As of (date)

Name on Account

Account Number

Please change Direct Deposit into my new account at:

Grand Savings Bank:

- _____ 1022 S. Main, Grove, OK 74344
- _____ 1222 N. Main, Jay, OK 74346
- _____ 3401 SW 2nd Suite 115, Bentonville, AR 72712
- _____ 1303 W. Hudson Road, Rogers, AR 72756
- _____ 372 SH 59 N, Decatur, AR 72722
- _____ 101 S Gentry Blvd, Gentry, AR 72734
- _____ 1660 W US 412 Hwy, Siloam Springs, AR 72761

Routing Number: 303187675

_____ Checking _____ Savings Account Number _____

Amount\$ _____

_____ Checking _____ Savings Account Number _____

Amount\$ _____

_____ Checking _____ Savings Account Number _____

Amount\$ _____

Daytime Phone

Signature Date



AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please print as many forms as needed. Complete form(s) and mail or fax to each organization where you have Automatic Payment to. Enclose a voided check so that they may verify the routing, transit, and your account number. **Please note that some companies or organizations may only accept the use of their forms. It is always best to call each company to verify procedures for submitting a change in bank information.**

I am in the process of closing my account(s) at:

Financial Institution

As of (date)

Name on Account

Account Number

I hereby authorize Automatic Payment from New Account at:

Grand Savings Bank:

- _____ 1022 S. Main, Grove, OK 74344
- _____ 1222 N. Main, Jay, OK 74346
- _____ 3401 SW 2nd Suite 115, Bentonville, AR 72712
- _____ 1303 W. Hudson Road, Rogers, AR 72756
- _____ 372 SH 59 N, Decatur, AR 72722
- _____ 101 S Gentry Blvd, Gentry, AR 72734
- _____ 1660 W US 412 Hwy, Siloam Springs, AR 72761

Routing Number: 303187675

Beginning this date

_____ Checking _____ Savings Account Number: _____

Payment Amount \$ _____

Account/Customer Number

Mailing Address

City

State

Zip

Daytime Phone

Signature

Date



AUTHORIZATION TO CLOSE ACCOUNT

Please print as many forms as needed. Complete form and mail to your current bank(s).

I/We have opened an account at:

Grand Savings Bank

Please close my _____ checking _____ savings account at:

Name of Financial Institution

As of (Date)

Account Number

Name on Account

Social Security Number on Account

Secondary Name on Account

Send remaining funds to:

Grand Savings Bank:

- _____ 1022 S. Main, Grove, OK 74344
- _____ 1222 N. Main, Jay, OK 74346
- _____ 3401 SW 2nd Suite 115, Bentonville, AR 72712
- _____ 1303 W. Hudson Road, Rogers, AR 72756
- _____ 372 SH 59 N, Decatur, AR 72722
- _____ 101 S Gentry Blvd, Gentry, AR 72734
- _____ 1660 W US 412 Hwy, Siloam Springs, AR 72761
- _____ Directly to me
- _____ Wire
- _____ Routing Number: 303187675
- _____ Account Number _____

Address City State Zip

Signature(s) Date