



FOUNDATION ONE BANK

Switch Kit Checklist

Use this form, if you choose, to make switching your accounts to Foundation One Bank a seamless process.

Your New Foundation One Bank Account(s)

Account Number(s): Checking: _____ Savings: _____

 Routing Number: 104907779 _____

Your Previous Bank Account(s)

Account Number(s): Checking: _____ Savings: _____

 Routing Number: _____ Debit Card #: _____

Direct Deposit Information

Employer Name: _____ Date of Dep: _____
 Other Company Name: _____ Date of Dep: _____
 Date form(s) sent to change direct deposit: _____

Automatic Withdrawal Information

Mark any items that are automatically withdrawn from your account. Include the corresponding company, account number, amount of withdrawal, and date of withdrawal.

LOANS	Company	Account Number	Amount	Date
_____ Mortgage	_____	_____	_____	_____
_____ Auto Loan	_____	_____	_____	_____
_____ Other	_____	_____	_____	_____

INSURANCE

_____ Homeowners	_____	_____	_____	_____
_____ Auto	_____	_____	_____	_____
_____ Life	_____	_____	_____	_____

UTILITIES

_____ Electricity	_____	_____	_____	_____
_____ Gas	_____	_____	_____	_____
_____ Water	_____	_____	_____	_____
_____ Phone	_____	_____	_____	_____
_____ Cable	_____	_____	_____	_____
_____ Internet	_____	_____	_____	_____

CREDIT CARDS, MERCHANTS, CLUBS

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Close Accounts at other Financial Institution(s)

Send the "Request to close account" form to your current financial institution(s)

If you need assistance with filling this form out, please call or stop by one of our branches and a Client Services Representative will gladly assist you.



FOUNDATION ONE BANK

Authorization for Change of Direct Deposit(s)

Give this form to each depositor with whom you have an arranged direct deposit with (payroll, royalties, etc.) to make them aware that you are authorizing them to make the direct deposit to your new Foundation One Bank account. Make as many copies as necessary.

*Government payments via direct deposit must be changed on the corresponding departments website.

Date: _____

Company Making Direct Deposit: _____

Company Address: _____

To Whom It May Concern:

You are currently depositing my paycheck, a portion of it, or other types of payments into the following account:

Old Bank Name: _____

Routing Number: _____ Account Number: _____

Type of Account: _____ Checking _____ Savings

Please start making these direct deposits into the following **Foundation One Bank** account:

Routing Number: **104907779** _____ Account Number: _____

Type of Account: _____ Checking _____ Savings

Effective Date: _____

If you have any questions or concerns regarding this request, please contact me by mail or by the phone number(s) listed below:

Phone Number: _____ Day Evening (Please circle one)

Alt. Phone Number: _____ Day Evening (Please circle one)

Signature: _____

Printed Name: _____

Address: _____

Social Security No.: _____

If you need assistance with filling this form out, please call or stop by one of our branches and a Client Services Representative will gladly assist you.



FOUNDATION ONE BANK

Authorization for Change of Automatic Withdrawal

Give this form to each company with whom you have an arranged payment (utilities, cable, etc.), before your next payment is due, to make them aware that you are authorizing them to make the withdrawal from your new Foundation One Bank account. Make as many copies as necessary.

Date: _____

Company Making Withdrawal: _____

Company Address: _____

Account Number at this Company: _____

To Whom It May Concern:

You are currently withdrawing payments from the following account:

Old Bank Name: _____

Routing Number: _____ Account Number: _____

Type of Account: _____ Checking _____ Savings

Please start making these withdrawals from the following **Foundation One Bank** account:

Routing Number: **104907779** _____ Account Number: _____

Type of Account: _____ Checking _____ Savings

Effective Date: _____

If you have any questions or concerns regarding this request, please contact me by mail or by the phone number(s) listed below:

Phone Number: _____ Day Evening (Please circle one)

Alt. Phone Number: _____ Day Evening (Please circle one)

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

SSN (if applicable): _____ SSN (if applicable): _____

Address: _____

If you need assistance with filling this form out, please call or stop by one of our branches and a Client Services Representative will gladly assist you.



FOUNDATION ONE BANK

Request to Close Account(s)

This form is used to notify your existing financial institution that you're requesting to close your account(s) with them and that any remaining funds be sent to you. Prior to closing your account(s) with them either ensure all checks have cleared or leave enough money in the account(s) to cover any remaining checks. Print one of these forms for each institution in which you are closing an account.

Date: _____

Existing Bank's Name: _____

Bank's Address: _____

To Whom It May Concern:

This letter is to inform you that I/we are requesting that you close the account(s) listed below. Please send a check to me/us at the address listed below for any remaining funds.

Account #1 to be closed

Name(s) on Account: _____

Account Number: _____ Checking Savings

Account #2 to be closed

Name(s) on Account: _____

Account Number: _____ Checking Savings

Account #3 to be closed

Name(s) on Account: _____

Account Number: _____ Checking Savings

If you have any questions about this request, please contact me/us at the phone number(s) listed below.

Phone Number: _____

Phone Number: _____

Signature: _____

Print Name: _____