



**Switch to Forward Bank  
It's Quick and Easy...**

Thank you for choosing Forward Bank, we look forward to building a relationship with you. Our Switch Kit will help you transfer any existing direct deposits or automatic payments with this ready to fill in kit. Just follow these easy steps!

**1 Open your new Forward Bank account**

Complete our **New Account Information Form**, so we'll have what we need to open your account(s). Then stop by to select your check style, present identification, and sign a signature card, so we can open your account.

**2 Get organized**

Use our handy kit to organize the transactions that will be switched to your new Forward Bank account.

**3 Transfer your direct deposit**

Send a **Direct Deposit Request Form** to your employer and other sources, so your funds can be automatically deposited to your account. If you have have Direct Deposits going elsewhere, you can also use this form to switch them to your new account.

**4 Move your automatic payments**

Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments (utility payments, loan payments, health club memberships, etc) so they'll come out of your new account with us.

**5 Close your old account**

Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement fo any remaining funds. Make sure all of your checks and debits have cleared BEFORE you close your old account.



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# NEW ACCOUNT INFORMATION

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders need to sign an official account form in person at one of our offices before the account can be opened. For your 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.

## Individual Account

Name

Street Address  City, State, Zip

Mailing Address (if different)

Home Phone  Work Phone

Cell Phone  Email Address

## Joint Account

Name

Street Address (if different)  City, State, Zip

Mailing Address (if different)

Home Phone  Work Phone

Cell Phone  Email Address

## Primary Account Holder Information

Social Security Number  Date of Birth

Driver's License Number  Exp. Date

Alternate Access Code (alpha or numeric)

Employer  Position/Title

## Joint Account Holder Information

Social Security Number  Date of Birth

Driver's License Number  Exp. Date

Alternate Access Code (alpha or numeric)

Employer  Position/Title

### I would like to open:

- Personal Checking     Business Checking     Money Market     Statement Savings     CD     IRA
- I/We would like an ATM Check Card. Number of Cards:
- I/We would like transfer capabilities at the ATM and online
- I/We would like FREE online access to account(s)

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# GET ORGANIZED

This tool is to help you keep track of the automatic transactions that you will be switching to Forward Bank.

## List All Companies with Direct Deposits and Automatic Payments

For reference you will want to have your most recent bank statement from your old bank, you may event want a couple months worth. Also, you will want statements/information for utility payments, loan payments, health club memberships, etc. you have set up with your old bank.

### Direct Deposits or Payroll

Company Name	Deposit Amount	Frequency

### Automatic Payments

Company Name	Deposit Amount	Frequency

### Former Bank Activity Tracking

You will want to keep track of activity at your old bank account. Before closing the account, be sure all checks, deposits, automatic payments, debit card transactions, ATM withdrawals have cleared. For quick reference, include your account information below.



# PAYROLL DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your payroll check to your Forward Bank account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

## Authorization

I hereby authorize (company name) [REDACTED] hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Forward Bank, and I authorize and request Forward Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of described payment entry in the event of error in calculation or overpayment.

Employee Name [REDACTED]

Address [REDACTED] City, State, Zip [REDACTED]

Phone Number [REDACTED]

Social Security [REDACTED]

*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)*

## NEW direct deposit bank

### + Send an automatic direct deposit to:

Forward Bank Checking Account Number [REDACTED]

Forward Bank Routing & Transit Number [REDACTED]

Deposit \$ [REDACTED] OR entire amount to Checking Account # [REDACTED]

Deposit \$ [REDACTED] OR entire amount to Savings Account # [REDACTED]

### + Discontinue sending my automatic direct deposit to:

Previous Financial Institution [REDACTED]

Account # [REDACTED]

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Forward Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Forward Bank shall be effective only with respect to entries credited to my account by Forward Bank after receipt of such notification and reasonable time to act on it.

Primary Account Owner Signature [REDACTED] Date [REDACTED]

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# AUTOMATIC PAYMENT REQUEST

Use this form to request a transfer of an automatic payment to you Forward Bank account, or to establish a new automatic payment from your Forward Bank account. Complete this form for each automatic payment, and attach a voided check from your new Forward Bank account. Please allow sufficient time for your first automatic payments to be activated against your new Forward Bank account.

## Attention

Company Name

Address

City, State, Zip

## To Whom It May Concern

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 at Forward Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Name

Address

City, State, Zip

Phone Number

Account Number with Your Company

Debit Amount:

I currently pay Total Amount Due

My set payment amount is \$

## Please switch my automatic payment

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

Previous Financial Institution

Account #

ABA Routing #

Effective immediately, I would like this automatic debit redirected to my new account:

Forward Bank

Account #

ABA Routing #

Account Type:

Checking

Savings

Primary Account Owner Signature

Date



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# ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

## Attention

Financial Institution   
Address  City, State, Zip

## To Whom It May Concern

Please accept this letter as authorization and close my bank account(s) listed below with your institution and issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Please Send All Closing Balances To

Name   
Address  City, State, Zip   
Phone Number

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed above.

## Authorization

Primary Account Owner Signature  Date   
Secondary Account Owner Signature  Date



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