

Switch Checklist

This checklist offers an easy way to keep track of the progress you have made while transitioning your account to Skyline National Bank. This is for your records only and should not be distributed.

Skyline	e National Bank Account		
	Skyline National Bank account opened		
	Checks Ordered		
	Online Banking set up		
	Skyline National Bank debit card(s) activated		
Direct	<u>Deposit Companies</u>	Key Co	onsultants Notified
Autom	atic Payment Companies	<u>Financ</u>	<u>cial Services Providers Switched</u>
		<u>Payro</u>	<u>II</u>
			Account Switched
		Old Ad	<u>ccount</u>
			All Old Checks Cleared
			Old Account Closed
Credit	Card Balance Transfer		Old Checks, Debit Cards Destroyed
	·		
<u>Other</u>			
			

If you like automatic payments, you may want to consider Skyline National Bank's Online Bill Pay. Instead of authorizing a company to withdraw your funds, you are able to retain control of who you pay.



Direct Deposit Authorization

Please accept this form as authorization to change my direct deposit bank information.				
Date	Company			
Company Address				
		_		
To whom it may	/ concern:			
You are currently de _l	positing my: (check all	that apply)		
Entire Payche	ck			
□ Part of my Pa	ycheck			
Other type of	payment			
Into my old account	at (financial institution)		
Routing Number		Account Number		
Please begin making	these automatic depo	osits into my new Skyline National Bank account.		
New Routing Numbe	r	New Account Number		
If you have any ques [,] Thank You.	tions about this reque	st, please contact me at the number listed below.		
Name (please print)		Signature		
Address		City, State, Zip		
Telephone				

Please include a voided Skyline National Bank check with your request.



Automatic Transactions Form

Date	Company Making Withdrawal
Company Address	
To whom it may concer	n:
•	to Skyline National Bank. You are currently withdrawing \$onthly / annually (circle one) from the following account:
Old Bank Name	
	per
My Old Account Number	er
	ndrawals from that account on//(date: MM/DD/YY) from my new Skyline National Bank account.
New Bank Routing Num	ber
	er
If you have any question Thank You.	ns about this request, please contact me at the phone number below.
Name (please print)	Signature
Address	City, State, Zip
Telephone	

Please note:

If you are transferring your account from another financial institution, it is recommended that you maintain accounts at both financial institutions until your automatic transaction change is complete.

Please include a voided Skyline National Bank check with your request.

The organization may require you to complete additional forms in order to process your transfer.



Skyline National Bank

ALWAYS OUR BEST

Member FDIC

Close Account Form

То	
From	
Date	
Please close the following account(s):	
Checking Account #	
Authorized Signer	
Checking Account #	
Savings Account #	
Authorized Signer	
Authorized Signer	
Please issue a check for any remaining	balance(s) and send it to the address below.
Name (please print)	Signature
Co-signer Name (please print)	Co-signer Signature
Address	City, State, Zip
Telephone	

Your prompt attention to this matter will be greatly appreciated. Thank you.