



frontierbank

Switch Kit



Freedom to Change Banks without the hassle!



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MEMBER FDIC

You've thought about changing banks before for many different reasons. You've moved, changed jobs, or are just not getting the service you expect from your bank, but you haven't changed banks because it is such a hassle. Welcome to Frontier Bank! Not only will we make it easy for you to switch, we'll be glad to take care of the change for you! This kit provides all the forms and 5 easy steps to make the change a breeze.

www.frontbank.com

Falls City | Lincoln | Madison | Norfolk
Omaha | Pender | Stella

Switching banks doesn't have to be a hassle!

Freedom to Change Banks

without the hassle!

Follow these simple steps to Freedom:

- 1** **Open a new Frontier Bank account.**

Stop by the Frontier Bank location nearest you and visit with a Personal Banker who can assist you in opening your new account. If it's more convenient, call us to get the process started. Our easy account application is enclosed.
- 2** **Stop using your existing bank account.**

Allow approximately 10 days for all of your checks to clear. Destroy all of your existing unused checks, deposit slips and ATM/Debit cards or bring them in and we'll shred them for you.
- 3** **Change all of your direct deposits**

Use the enclosed form (AUTHORIZATION TO CHANGE DIRECT DEPOSIT) to authorize the change in accounts. Make sure you include a voided check or deposit slip from your new account and we will handle the rest for you.
- 4** **Change all of your automatic payments.**

Use the enclosed form (AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT/WITHDRAWAL) to authorize the change in payments. Make sure you remember all automatic payments set up online. We can help you set-up new, free online bill payments.
- 5** **Close your existing bank account.**

Use the enclosed form (AUTHORIZATION TO CLOSE ACCOUNTS) to authorize the closing of your existing bank account. If you have a remaining balance, your existing bank will send you a check. It's really just that simple. Next step, CELEBRATE your new found freedom!



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AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this form for each employer/organization with whom you have arranged for direct deposit.

Company Name	
Address	
City/State/Zip	

Currently you are automatically depositing my paycheck/payments to the following account(s):

Existing Bank Name	Account Number	Routing Number

Please begin depositing my paycheck/payments into my new Frontier Bank account(s) effective as of date noted:

Account Type	Account Number	Routing Number	Effective Date	Allocation % (must add to 100%)
		104913381		
		104913381		
		104913381		

Please accept this notification which authorizes you to begin making automatic deposits to my new Frontier Bank account(s) pursuant to the above. If this is not sufficient authorization, please contact me.

I have attached a voided check or deposit slip which verifies my new account information (not necessary for savings accounts).

Name _____

Address _____

City/State/Zip _____

Phone _____

Tax Identification Number (SSN) _____

Signature _____ Date _____

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT/WITHDRAWAL

Complete this form for each organization with whom you have arranged automatic payments.

I have closed the following account:

Existing Bank Name	
Account Name	
Account Number	
Effective Date Closed	
Name on Account	
Social Security Number	

I have opened the following new Frontier Bank account:

Account Name	
Account Number	
Routing Number	104913381

I hereby authorize automatic payment from my new Frontier Bank account to the following organization effective as of the date noted:

Company Name	
Address	
City/State/Zip	
Effective Date	

Please accept this notification which authorizes you to begin making automatic withdrawals from my new Frontier Bank account pursuant to the above. If this is not sufficient authorization, please contact me.

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____ Date _____

AUTHORIZATION TO CLOSE ACCOUNT

Bank Name _____

Address _____

City/State/Zip _____

This letter serves as a request to close the following account(s):

Account Type	Account Number	Special Instructions

Please send a check for the remaining balance to the address below:

To _____

Care of _____

Address _____

City/State/Zip _____

If you have questions, please contact me at the following (Please Print):

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____ Date _____

Co-Signer Name _____

Signature _____ Date _____

INDIVIDUAL ACCOUNT APPLICATION

Personal Account Holder Information		
Name		
Physical Address		
Mailing Address (If different)		
City/State/Zip		
Home Phone	Work	Cell
Email		
Tax ID Number (SSN or ITIN)		
Date of Birth		
Occupation		
Employer	How long?	
Purpose of account		
How did you hear about Frontier Bank?		
Source of Funds		
Are you a US Citizen?		
Is this your permanent residence?		