



Switch Kit

Print and fill out the following forms and bring them to any Diamond Bank location!

Use the most recent statement from your former account and list companies which have automatic deposits or deductions through your account:

Automatic Deposits

Date	Company Name	Account Number	Deposit Amount*

Automatic Deductions

Date	Company Name	Account Number	Deposit Amount*

*Amounts may vary

Record your former account number and routing number for quick reference.

Former Bank Name _____

Account # _____ **Routing #** _____



Switch Kit

How much money do I have available to deposit?

This sheet will help you determine the amount of money you can deposit into your new Diamond Bank Account from your old account.

1. Former bank name: _____

Account # _____

Enter the current balance from your most recent statement: \$ _____

List deposits that do not appear on the statement:

Date: ____ / ____ / ____ \$ _____

Date: ____ / ____ / ____ \$ _____

Date: ____ / ____ / ____ \$ _____

Date: ____ / ____ / ____ \$ _____

Add your current balance and recent deposits together:



2. List all outstanding checks, withdrawals and any automatic deductions that do not appear on your statement:

Description: _____ Date: ____ / ____ / ____ \$ _____

Description: _____ Date: ____ / ____ / ____ \$ _____

Description: _____ Date: ____ / ____ / ____ \$ _____

Description: _____ Date: ____ / ____ / ____ \$ _____

Description: _____ Date: ____ / ____ / ____ \$ _____

Description: _____ Date: ____ / ____ / ____ \$ _____


Add up these outstanding items:



THIS IS THE AMOUNT YOU SHOULD LEAVE IN YOUR FORMER ACCOUNT

3. Subtract **Amount 2** from **Amount 1**.

Amount from  \$ _____

Amount from  -\$ _____

THIS IS THE AMOUNT YOU CAN DEPOSIT INTO YOUR NEW DIAMOND BANK ACCOUNT



Switch Kit

Automatic Deposits

Use this form to redirect recurring automatic deposits such as payroll, Social Security, dividends, annuities or other periodic distributions, into your Diamond Bank account.

Follow these easy steps:

1. Complete, sign and date this form.
2. Attach a voided check from your new Diamond Bank account.
3. Submit this form to each company / organization this is currently authorized to make automatic deposits to your account.

To Whom It May Concern:

I recently changed banks and request that my automatic deposit be switched to my new account at Diamond Bank. My information is as follows:

Name on account: _____

Identifying number with your company: _____

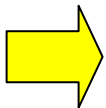
Address: _____

Phone Number: _____

Please switch my automatic deposits to this account: Checking Savings

Effective: Immediately
 On _____ / _____ / _____

I authorize your company to initiate credit entries to my account at Diamond Bank. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please contact me at the number listed above.



Signature: _____ Date: _____



Switch Kit

Automatic Deductions

Use this form to inform companies to have your automatic payments deducted from your new Diamond Bank account.

Follow these easy steps:

1. Complete, sign and date this form.
2. Attach a voided check from your new Diamond Bank account.
3. Submit this form to each company / organization this is currently authorized to make automatic deductions from your account.

To Whom It May Concern:

I recently changed banks and request that my automatic deduction be switched to my new account at Diamond Bank. My information is as follows:

Name on account: _____

Identifying number with your company: _____

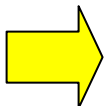
Address: _____

Phone Number: _____

Please switch my automatic deposits to this account: Checking Savings

Effective: Immediately
 On _____ / _____ / _____

I authorize your company to initiate debit entries to my account at Diamond Bank. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please contact me at the number listed above.



Signature: _____ Date: _____



Switch Kit

This form will help you keep track of the companies that you have notified. This will help you know when to follow up with these companies if the transaction has not been changed.

Automatic Deposits

Company Name: _____ Phone #: _____

Date Request Made: ____ / ____ / ____ Estimated Completion Date: ____ / ____ / ____

Letter Mailed: ____ / ____ / ____

Called on: ____ / ____ / ____ Spoke with: _____

Notes: _____

Company Name: _____ Phone #: _____

Date Request Made: ____ / ____ / ____ Estimated Completion Date: ____ / ____ / ____

Letter Mailed: ____ / ____ / ____

Called on: ____ / ____ / ____ Spoke with: _____

Notes: _____

Company Name: _____ Phone #: _____

Date Request Made: ____ / ____ / ____ Estimated Completion Date: ____ / ____ / ____

Letter Mailed: ____ / ____ / ____

Called on: ____ / ____ / ____ Spoke with: _____

Notes: _____

Company Name: _____ Phone #: _____

Date Request Made: ____ / ____ / ____ Estimated Completion Date: ____ / ____ / ____

Letter Mailed: ____ / ____ / ____

Called on: ____ / ____ / ____ Spoke with: _____

Notes: _____



Switch Kit

Account Closing

Use this form to notify your former bank that you are closing your account. *

Follow these easy steps:

1. Complete, sign and date this form.
2. Send this form to your former bank after all your existing activity has cleared and switched to Diamond Bank.

Former Bank Name: _____

Former Bank Address: _____

To Whom It May Concern:

Please close my bank account(s) as described below:

Effective: Immediately
 On _____ / _____ / _____

Account #1

Name on account: _____

Account Number: _____

Checking Money Market Savings

Please send the balance of this account by: Official Check

Account #2

Name on account: _____

Account Number: _____

Checking Money Market Savings

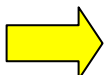
Please send the balance of this account by: Official Check

Mailing Instructions for Official Check

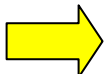
Name: _____

Address: _____

If you have questions please contact: _____ Phone #: _____



Signature: _____ Date: _____



Signature: _____ Date: _____