



SWITCH KIT INSTRUCTIONS

At Century Bank of Oklahoma we know that switching your checking account from one institution to another can be a time-consuming process. But, with our Switch Kit, we can help you make the transition quickly and easily. Just follow the process below to get the process started:

1. Fill out the **New Account Information Sheet** listed below. Open any one of our checking, savings or certificate accounts.
2. Switch your direct deposits using our **Direct Deposit Change Request** to send to any direct deposit vendors that you may have including payroll from your employer or other government deposits, CD interest payments, etc. Just print off as many forms as you need. If you are changing Social Security we have found it is easiest to switch by simply calling **800-772-1213**.
3. Switch your automatic payments by sending our **Automatic Payment Transfer Request** to any companies that you are currently paying through automatic payment/withdrawal. By attaching a voided check from your new Century Bank of Oklahoma checking account with this request they will have all the correct information to set up a new transfer. This could include Gas, Electric, Water, Phone, Cable, Loans, Insurance, etc. Print off as many forms as you need.
4. Close your old account by sending our **Account Closure Request Form** to the financial institution where you may be closing out any accounts.

If you are closing accounts at other financial institutions it is a good idea to balance those accounts and make sure that all outstanding items have cleared. This could include checks, debit card transactions and any upcoming withdrawals or deposits.

Please bring your forms into the bank and one of our representatives will help you complete them and even send them to the appropriate place. We would like to make banking with Century Bank of Oklahoma as convenient and hassle free as possible. For more information on any of Century Bank of Oklahoma's products or services please contact us at (918) 825-7200.



NEW ACCOUNT INFORMATION

PRIMARY APPLICANT

Name _____ Date of Birth _____

Street Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone Number _____ Work Phone Number _____

Email _____ Social Security Number _____

Employer Name _____

Street Address _____

City _____ State _____ Zip _____

Driver's License Number _____ State Issued _____

Issue Date _____ Expiration Date _____

Signature Date

JOINT/SECONDARY APPLICANT

Name _____ Date of Birth _____

Street Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone Number _____ Work Phone Number _____

Email _____ Social Security Number _____

Employer Name _____

Street Address _____

City _____ State _____ Zip _____

Driver's License Number _____ State Issued _____

Issue Date _____ Expiration Date _____

Signature Date



DIRECT DEPOSIT CHANGE REQUEST

TO: _____
(Name of Company)

(Street Address of Company)

(City) (State) (Zip)

FROM: _____
(Your Name)

(Social Security Number)

(Street Address)

(City) (State) (Zip) (Phone Number)

This letter shall serve as a request to have my direct deposit transferred to my account with Century Bank of Oklahoma. Please redirect my automated deposit to my new account at Century Bank of Oklahoma as follows:

Century Bank of Oklahoma

P.O. Box 159

Pryor, OK 74362

(918) 825-7200

Transit/ABA# 103102821

Account # _____

Deposit instructions:

Deposit entire amount in checking account number: _____.

Deposit \$ _____ to savings account number _____

and the remainder in checking account number _____.

Approval and Authorization:

Customer's Signature

Date



AUTOMATIC PAYMENT TRANSFER REQUEST

TO: _____
(Name of Company)

(Street Address of Company)

(City) (State) (Zip) (Account Number)

FROM: _____
(Your Name)

(Social Security Number)

(Street Address)

(City) (State) (Zip) (Phone Number)

DEAR SIR OR MADAM:

I have recently changed financial institutions and will need to have my automatic payment switched from my old account at _____ (name of old bank) to my new account with Century Bank of Oklahoma.

Century Bank of Oklahoma

P.O. Box 159

Pryor, OK 74361

(918) 825-7200

Transit/ABA# 103102821

Account # _____

Please consider this request, indicated by my original signature, as a formal order to initiate future payments to my new account with Century Bank of Oklahoma. I have enclosed a voided check for your records. Thank you for your prompt attention to this request.

Customer Approval and Authorization:

If you have any questions about this request, please contact me at _____.

Customer's Signature Date



ACCOUNT CLOSURE REQUEST FORM

TO: _____
(Current Bank/Credit Union's Name)

FROM: _____
(Account Holder's Name)

ADDRESS: _____

Please close the following account(s) with your institution

Acct # _____ Checking Savings Money Market Other _____

Acct # _____ Checking Savings Money Market Other _____

Acct # _____ Checking Savings Money Market Other _____

Transfer Information

Please transfer \$_____.

Please transfer the entire amount and close the account.

Please make this transfer immediately.

Please make this transfer on ____/____/____.

Other: _____.

Please Transfer My Funds To:

Century Bank of Oklahoma
P.O. Box 159
Pryor, OK 74362
(918) 825-7200

I hereby direct you to complete the requested transfer from my existing account to my new account at Century Bank of Oklahoma. Please make the check payable to **Century Bank of Oklahoma** and note on the check that it is for deposit to account #_____.

Customer Approval and Authorization:

If you have any questions about this request, please contact me at _____.

Customer's Signature Date



DIRECT DEPOSIT AUTHORIZATION

TO: _____
(Name of Company)

(Street Address of Company)

(City) (State) (Zip)

FROM: _____
(Your Name)

(Social Security Number)

(Street Address)

(City) (State) (Zip)

Century Bank of Oklahoma
P.O. Box 159
Pryor, OK 74362
Transit/ABA# 103102821

Deposit instructions:

Deposit entire amount in checking account number: _____.

Deposit \$ _____ to savings account number _____

and the remainder in checking account number _____.

Approval and Authorization:

If you have any questions about this request, please contact me at _____.

Signature **Date**



AUTOMATIC PAYMENT AUTHORIZATION

TO: _____
(Name of Company)

(Street Address of Company)

(City) (State) (Zip) (Account Number)

FROM: _____
(Your Name)

(Social Security Number)

(Street Address)

(City) (State) (Zip) (Phone Number)

Dear Sir or Madam: I hereby authorize _____
(name of vendor) and Century Bank of Oklahoma to initiate variable entries to my checking/savings account. This authorization will remain in effect until I notify your company in writing to cancel it in such time to afford your company a reasonable opportunity to act. Also, I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ (name of vendor) retains its normal collection rights.

MY BANK ACCOUNT INFORMATION IS AS FOLLOWS:

Century Bank of Oklahoma
P.O. Box 159
Pryor, OK 74362
(918) 825-7200
Transit/ABA# 103102821
Account # _____

Please consider this request, indicated by my original signature, as a formal order to initiate future payments to my new account with Century Bank of Oklahoma. I have enclosed a voided check for your records.

Thank you for your prompt attention to this request.

Customer Approval and Authorization:

Customer's Signature Date