



**Time for a Change  
the quick Change Kit  
makes it so easy!**

This kit is a developed system to help our new customers make a smooth transition to our services. We have included everything you need for a quick change. Please feel free to stop by one of our banking centers or give us a call at 270.982.4TCB if you need assistance. Our friendly staff will walk you through the simple steps of switching your accounts to The Cecilian Bank.

- Step 1** **Open your new account with The Cecilian Bank** - The Cecilian Bank offers a variety of accounts to meet all of your banking needs. Complete the New Account Information sheet and stop by any of our twelve convenient banking centers to complete the account opening process. As a reminder, all parties signing on the account will need to be present and will need to have two forms of identification. (Discontinue the use of your existing account.)
- Step 2** **Change your direct deposits** - Direct Deposit simplifies everything! Complete the Direct Deposit Authorization form attached. Use this form to give to your employer or other payment source so your funds can be automatically deposited into your new Cecilian Bank account. Remember to ask your employer or vendor if they need any additional information to complete your request.
- Step 3** **Change your automatic payments** - Complete the Automatic Payment Authorization form for each company or organization that is authorized to withdraw funds from your account. Once you have completed the form you may need to attach a voided check and send with the form to the appropriate company or organization. (Keep in mind any payments you may have setup in your bill pay service; you will want to change those to your new account with The Cecilian Bank.)
- Step 4** **Close your old accounts** - Complete the Close Account form attached once you have verified all outstanding payments and deposits have been made from or to your old account. We can help you fill in the blanks on this form and then you just sign it. This form will notify your old financial institution about the accounts you are closing and gives direction for disbursement of any remaining funds in these accounts.





## Switching as easy as 1-2-3-4

Use this checklist to identify accounts, deposits, payments and other account related transactions that you need to change. Then complete the appropriate forms in your Kit to communicate your new account information. Our Customer Service Specialists can also help you with any questions.

**Your NEW account numbers with The Cecilian Bank:**

Checking: \_\_\_\_\_  
 Debit Card: \_\_\_\_\_

Savings : \_\_\_\_\_  
 Other: \_\_\_\_\_

**The Cecilian Bank TRANSIT/ABA Routing #: 083904631**

**DIRECT DEPOSIT** (use Direct Deposit Authorization form in the Kit)

<input type="checkbox"/> Payroll	Company/Payer Name	_____
<input type="checkbox"/> Social Security	Form Mailed	_____
<input type="checkbox"/> Government	Change Complete	_____
<input type="checkbox"/> Other		

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<input type="checkbox"/> Other		

**Please see reverse for Automatic Payment Checklist**

**AUTOMATIC PAYMENTS** (use Automatic Payments Authorization Form)

	Company	Account #	Date Changed Online or Mailed Form	Complete
Gas	_____	_____	_____	<input type="checkbox"/>
Electric	_____	_____	_____	<input type="checkbox"/>
Telephone	_____	_____	_____	<input type="checkbox"/>
Cell Phone	_____	_____	_____	<input type="checkbox"/>
Internet	_____	_____	_____	<input type="checkbox"/>
Cable/Satellite	_____	_____	_____	<input type="checkbox"/>
Water/Sewer	_____	_____	_____	<input type="checkbox"/>
Trash	_____	_____	_____	<input type="checkbox"/>
Newspaper	_____	_____	_____	<input type="checkbox"/>
Insurance	_____	_____	_____	<input type="checkbox"/>
Mortgage	_____	_____	_____	<input type="checkbox"/>
Car Loan	_____	_____	_____	<input type="checkbox"/>
Credit Card	_____	_____	_____	<input type="checkbox"/>
Other	_____	_____	_____	<input type="checkbox"/>
Other	_____	_____	_____	<input type="checkbox"/>

## 1 STEP One - Open your new account



### NEW ACCOUNT INFORMATION

The purpose of this questionnaire is for the bank to gather some information for you to begin your new account process. All accounts are subject to approval. Please note Primary and Joint account holders will need to sign bank signature cards in person at one of our banking centers before the account can be opened. For your own account security, a photocopy of a current driver's license(s) and one other form of ID will be required. The bank will have these identifications 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

\_\_\_\_\_  
Email Address

#### Primary Account Holder

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number                      Exp date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

#### Joint Account

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address (if different)

\_\_\_\_\_  
City, State, Zip (if different)

\_\_\_\_\_  
Mailing address (if different)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email Address

#### Joint Account Holder

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number                      Exp date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

#### Products or Services I would like to open:

- Personal Checking
- Business Checking
- Savings
- Money Market
- Online banking
- Certificate of Deposit

- Health Savings Account
- IRA
- ATM/Debit Card
- Vacation Club/Christmas Club
- Credit Card

## 2 Step Two- Change your Direct Deposits

### Direct Deposit Authorization Form

Use this form to request the deposit of your payroll check directly to your account with The Cecilian Bank. 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.

#### DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) \_\_\_\_\_, hereinafter, COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account with The Cecilian Bank as indicated below. I authorize and request The Cecilian 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 the reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Social Security # \_\_\_\_\_

Please send an automatic direct deposit to:

The Cecilian Bank Checking Account Number: \_\_\_\_\_  
The Cecilian Bank Savings Account Number: \_\_\_\_\_

**The Cecilian Bank Routing and Transit Number : 083904631**

Please begin sending the same deposit to The Cecilian Bank.

Deposit \$ \_\_\_\_\_ OR entire amount to Checking Account # \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ OR entire amount to Savings Account # \_\_\_\_\_

Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): \_\_\_\_\_  
Account # \_\_\_\_\_

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). )

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

**Account Owner Signature** \_\_\_\_\_

### 3 STEP Three - Change your Automatic Payments

#### Automatic Payment Authorization Form

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

**To (COMPANY NAME):** \_\_\_\_\_

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

Account number with COMPANY: \_\_\_\_\_  
Debit amount: \$ \_\_\_\_\_

Effective immediately, I would like this automatic debit redirected to my new account with The Cecilian Bank as follows:

ACCOUNT # \_\_\_\_\_  
ABA Routing and Transit Number: \_\_\_\_\_ 083904631

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

Previous Financial Institution: \_\_\_\_\_  
Account #: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_

If you have any questions, please call me at the number listed below:

Primary account owner name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Account owner signature

\_\_\_\_\_  
Date

**4 STEP Four - Close your account**

**Close Account Form**

Complete this form and submit to your previous financial institution. Make sure all checks have cleared. Please keep in mind: an IRA (Individual Retirement Account) will require additional paperwork for tax purposes.

**TO:**

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_

**FROM:**

Primary Account Holder: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Secondary Account Holder: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**This letter serves as an authorization to close the following accounts with your institution:**

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

**Send a check for the remaining balance, together with all accrued interest or dividends to:**

**The Cecilian Bank**                      **FBO** \_\_\_\_\_  
Attention: \_\_\_\_\_  
PO Box 178, Cecilia, KY 42724  
Bank Routing #                      **083904631**  
New Account #                      \_\_\_\_\_

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_

**Myself**

Address to mail to: \_\_\_\_\_

Date: \_\_\_\_\_