

CITY NATIONAL BANK

SWITCH KIT

Thank you for choosing City National Bank. Our goal is to make switching to City as easy as possible. This Switch Kit guides you through the process and provides all the forms you'll need.

STEP ONE: ACCOUNT ACTIVITY CHECKLIST

Identify all direct deposits, bill payments and automatic withdrawals that need to switch to your new City account.

STEP TWO: DIRECT DEPOSIT REQUESTS

Send this form to your employer and/or others that will be making direct deposits into your new account.

STEP THREE: AUTOMATIC PAYMENTS/WITHDRAWALS

Complete this form to notify payees of your new account so they can continue making automatic payment requests.

STEP FOUR: ACCOUNT CLOSING

Use this simple form to close your account(s) at your old financial institution.

STEP ONE

ACCOUNT ACTIVITY CHECKLIST

List all your automatic deposits and payments that need to move to City.

A payor is one that pays you. A payee is one that you pay.

DIRECT DEPOSITS

Examples: Payroll, government (e.g. Social Security), brokerage (e.g. dividends, interests), child support, etc.

Payor name	Deposit date	Deposit amount (if known)

AUTOMATIC BILL PAYMENTS & WITHDRAWALS

Examples: Utilities (e.g. gas, electric, cable), loans (e.g. mortgage, auto), credit card, memberships (e.g. gym), insurance, child support, etc.

Payee account name	Payment withdrawal/ send date	Payment amount (if known)

TIPS: • For direct deposits, use the Direct Deposit Form. For bill payments and withdrawals initiated by the vendor (payee), use the Automatic Payment Form.

- If you use online bill pay at your old bank, go to your old bank's website, print a list of your active payees and account numbers, then enter them into City's Online Bill Pay.

STEP TWO

DIRECT DEPOSIT REQUEST FORM

Send this authorization form to any company that makes direct deposits into your account. The company may also require you to provide a canceled check.

For your payroll direct deposit, please give this form to your human resources department.

For Social Security or other governmental direct deposits, please complete the governmental form in place of this City form.

EMPLOYER/DIRECT DEPOSITOR

Employer/direct depositor name

Employer/direct depositor address

City

State

ZIP

EMPLOYEE/PAYEE

Employee/payee name

Employee ID number/department

Employee/payee address

City

State

ZIP

PLEASE REDIRECT TO CITY NATIONAL BANK

Routing number

051904524

Account number

Type of account (check one)

Checking Savings

- A new authorization for direct deposit. Not currently using direct deposit.
- Please change my existing authorization and transfer my direct deposit to City National Bank.

Signature

Date

STEP THREE

AUTOMATIC PAYMENT/ WITHDRAWAL FORM

Use this form to notify a payee that they should start making automatic withdrawals from your City National Bank account.

Please use one form for each payee.

TIPS: • A payee is a person or organization you pay.

- Check your online statement at bankatcity.com to verify the making or receiving of payments.

TO

Payee name

Payee address

City

State

ZIP

FROM

Name on account

Customer account number
(if applicable)

Customer address

City

State

ZIP

I have changed banks and would like to have my automatic payments switched to my new City National Bank account.

PLEASE SWITCH AUTOMATIC PAYMENT REQUESTS TO

Routing number

051904524

Account number

Signature

Date

STEP FOUR

ACCOUNT CLOSING FORM

If you are closing multiple accounts at a single institution or accounts at more than one institution, please complete a separate form for each account. Send each form to the appropriate institution.

TIP: Be sure all checks and automatic withdrawals have cleared before closing your account.

PREVIOUS BANK INFORMATION

Bank name

Bank address

City

State

ZIP

Dear Banking Representative:

Please close the account described below and mail a check for the remaining balance, plus any accrued interest, to the address below.

PREVIOUS ACCOUNT INFORMATION

Name(s) on account

Account number

Type of account (check one)

Checking Savings

PAYABLE TO

Name

Address

City

State

ZIP

Thank you for your prompt attention. Sincerely,

Account holder signature

Date



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Member FDIC

