# TWIN OAKS Checking

A product of Carroll Bank and Trust CB&T
Community Banking, Community Caring

## Make the Switch to a Better Way to Bank

Thank you for allowing us to be your bank!
Banking with CB&T can be done in three simple steps.
Please use the provided forms for a seamless transition.

**1**
Open Your Account

**2**
Switch your Automatic Withdrawals and Direct Deposits

**3**
Close your old Account

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TWIN OAKS Checking

# DIRECT DEPOSIT AND AUTOMATIC WITHDRAWAL CHECKLIST

Please use this list to remember all of the Direct Deposits and Automatic Payments to transfer.

**Direct Deposit Checklist:**

___Social Security
___Disability
___Investments
___Retirement
___Payroll

**Automatic Payment Checklist:**

___Mortgage
___Auto Loan
___Insurance
___Utilities
___Credit Cards
___Subscriptions/Memberships
___Internet
___Cell Phone

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# DIRECT DEPOSIT AUTHORIZATION CHANGE

This form is used to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Twin Oaks Checking account. Use one form for each direct deposit.

Company: _____

Address: _____

City, State, Zip :_____

Phone Number: _____

I authorize, (name of depositor)_____ to automatically deposit funds into the account below. This change shall be in effect until a new authorization is submitted, or until this authorization is changed or revoked by me.

Checking Account Number: _____ Amount: _____

Savings Account Number: _____ Amount: _____

Routing Number: 084304272

Name:_____

Address: _____

City, State, Zip:_____

Phone Number: _____

Signature:_____ Date: _____

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# WITHDRAWAL AUTHORIZATION CHANGE

This form can be filled out online or printed to complete by hand.
If filled out online, please email to newaccounts@carrollbank.com.
Note in the subject line of the email your name and the branch you will be banking with.
(Huntingdon, McKenzie, McLemoresville, Camden, Bradford, Milan or Paris)

Company: _____

Address: _____

City, State, Zip : _____

Phone Number: _____

Account Number: _____ Payment Amount: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Please change my automatic withdrawal from the following account:

Financial Institution: _____
Account Number: _____
Routing Number: _____

Please change my automatic withdrawal to the account below.
This change shall be in effect until a new authorization is submitted, or until this authorization is changed or revoked by me.

Account Number: _____ ___Checking
Routing Number: 084304272 ___Savings

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# ACCOUNT CLOSURE AUTHORIZATION CHANGE

This form can be used to close your account(s) at your former financial institution.

Financial Institution: _____

Address: _____

City, State, Zip :_____

Phone Number: _____

**Please close the following account(s):**

Checking Account Number: _____
Savings Account Number: _____

**The remaining balance on my account can be: (Check One)**

____Check mailed to the address below

____ Deposited into my Twin Oaks Checking Account
Account Number: _____ Routing Number: _____

Name:_____

Address: _____

City, State, Zip:_____

Phone Number: _____

Signature:_____ Date: _____

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