



TWIN OAKS

Checking

A product of



*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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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

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. One form should be used for each withdrawal. For many companies you can change your account information online. Be sure to check their website.

Company: _____

Address: _____

City, State, Zip : _____

Phone Number: _____

Account Number: _____ Payment Amount: _____

Name: _____

Address: _____

Signature, Zip: _____ Date: _____

Phone Number: 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: _____

Routing Number: 084304272

____ Checking

____ 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: _____