

Switching your

## Switch Kit



**☐** Joint Account

## New Account Information Individual Account

Name Name Street Address Street Address City, State, Zip City, State, Zip Mailing Address (if different) Mailing Address (if different) |Home Phone Home Phone | Work Phone Work Phone Social Security Number |Social Security Number Drivers License Number Drivers License Number Date of Birth Date of Birth Place of Birth Place of Birth Mother's Maiden Name Mother's Maiden Name Employer Employer Signature X|Signature X

| Checking/Savings           |  |  |  |  |  |
|----------------------------|--|--|--|--|--|
| account has never been     |  |  |  |  |  |
| easier. Just fill in the   |  |  |  |  |  |
| information and bring it   |  |  |  |  |  |
| with you when you open     |  |  |  |  |  |
| your new account. Our      |  |  |  |  |  |
| friendly representatives   |  |  |  |  |  |
| will do the rest.          |  |  |  |  |  |
|                            |  |  |  |  |  |
| <ul><li>Checking</li></ul> |  |  |  |  |  |
| ☐ Savings.                 |  |  |  |  |  |
|                            |  |  |  |  |  |

## Direct Deposit Information

Please deposit payment(s) directly into my Pauls Valley National Bank account as indicated below:

We'll take this information and complete Deposit and Payment slips for you. Sign them, and we'll mail them for you.

| Name | Previous Bank | Previous Bank Account # |  |
|------|---------------|-------------------------|--|
|      |               |                         |  |
|      |               |                         |  |
|      |               |                         |  |
|      |               |                         |  |
|      |               |                         |  |

## Automatic Payment Authorization

Please make automatic payments from my new account to the companies listed below:

| Name of Company | Account Number | Amount | Date of the month to be paid |
|-----------------|----------------|--------|------------------------------|
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |
|                 |                |        |                              |