

# SWITCHKIT

# SWITCHING TO *OMB is easy!*

Thank you for your interest in OMB. You can bank anywhere, but you've chosen to bank with OMB. That means everything to us. We're a community bank looking to make a big difference & because of you, we can.

We want to make switching banks a breeze, so we put together this switch kit to help you move your automatic payments & direct deposits over to OMB. **Follow the steps below to get started.**

## 1 STEP ONE

### *Open your new OMB account*

Request info online or visit any of our 8 convenient branches. If you're not sure which account is for you take our quiz to get matched up!

## 2 STEP TWO

### *Switch your direct deposits & set up automatic payments + Bill Pay*

Use these direct deposit and ACH authorization forms to seamlessly switch your automatic debits and credits to OMB.

## 3 STEP THREE

### *Close your old accounts*

Almost there! Simply fill out this account closure authorization form to close the account at your previous financial institution. Any remaining balance will be transferred to your new OMB account.

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## Direct Deposit Authorization

Use this form to authorize your employer, retirement and pensions funds, or any other agency to deposit your payment directly into you OMB account. Use one form for each direct deposit.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

### Notification of Direct Deposit Authorization

COMPANY OR EMPLOYER:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

EMPLOYEE ID:   
*(if applicable)*

Effective immediately, please deposit the net amount of my check to my OMB account. I authorize (name of depositor)  to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by my in writing.

Place an X next to your desired option.

**Net amount to OMB CHECKING**  
Account #  Routing #

**Net amount to OMB SAVINGS**  
Account #  Routing #

SIGNATURE:  DATE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

### Direct Deposit Checklist

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- Payroll
- Investments
- Retirement Plans
- Social Security



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## Automatic Withdrawal Authorization

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record on their website.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

### *Notification of Withdrawal Authorization Change*

NAME OF COMPANY:

ACCOUNT NUMBER:

PAYMENT AMOUNT:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

Please **change** my automatic withdrawal from the following account:

FINANCIAL INSTITUTION:

Account #  Routing #

Please make all **future** automatic withdrawals from the following account:

FINANCIAL INSTITUTION:

Account #  Routing #

*This authorization will remain in effect until I have submitted a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.*

SIGNATURE:  DATE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

### Automatic Withdrawal Checklist

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Memberships
- Credit Cards
- Investments
- Subscriptions
- Charity Donations



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## Account Closure Authorization

Use this form to close your account(s) by delivering it to your former financial institution. Be sure to verify any outstanding items have cleared your old account. You can authorize your remaining balance to be deposited automatically to your new OMB account(s) or paid by a check forwarded to your mailing address.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

### Notification of Account Closure Authorization

#### TO WHOM IT MAY CONCERN:

FINANCIAL INSTITUTION:

ADDRESS:

CITY, STATE, ZIP:

#### PLEASE CLOSE MY ACCOUNT:

ACCOUNT NUMBER:

PRIMARY OWNER:

ADDRESS:

CITY, STATE, ZIP:

#### Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at OMB  
Account #  Routing # 086518891

Please forward me a check to my address listed below.

PRIMARY SIGNATURE:  DATE:

JOINT SIGNATURE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

### Congratulations!

You had to sign your name a few times, but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

**WELCOME TO OMB!**



**Community Banking  
Made Better**