



## Switch To Community National Bank

*It's Quick and Easy...*

**Just print the forms below and follow these instructions.**

**Step 1:** Complete our **New Account Information Form**, so we'll have what we need to open your account(s). Then, stop by to select your check style, present identification, and sign a signature card, so we can open your account.

**Step 2:** Send a **Direct Deposit Request Form** to your employer and other sources, so your funds can be automatically deposited to your account. If you already have Direct Deposits going elsewhere, you can also use this form to switch them to your new account with us.

**Step 3:** Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments so they'll come out of your new account with us.

**Step 4:** Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE you close your old account.

# Community National Bank

1271 Market Street  
P.O. Box 255  
Dayton, TN 37321-0255  
Member FDIC

## New Account Information

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

### Individual Account

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Home Phone                  Work Phone

\_\_\_\_\_  
Email Address

### Primary Account Holder Information

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number    Expiration Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Alternate Access Code (alpha or numeric)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

### Joint Account

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address (if different)

\_\_\_\_\_  
City, State, Zip (if different)

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Home Phone                  Work Phone

\_\_\_\_\_  
Email Address

### Joint Account Holder Information

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number    Expiration Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Alternate Access Code (alpha or numeric)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

### I would like to open:

- Personal Checking    Business Checking    Money Market    Statement Savings    CD    IRA  
 I/we would like an ATM Check Card. # of cards: \_\_\_\_\_  
 I/we would like transfer capabilities at the ATM and online.  
 I/we would like free online access to account(s).

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## Payroll Deposit Authorization Form

Use this form to request the direct deposit of your payroll check to your Community National Bank account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

### DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) \_\_\_\_\_, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Community National Bank, and I authorize and request Community National Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Social Security \_\_\_\_\_

*NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at [www.ssa.gov/deposit](http://www.ssa.gov/deposit).)*

( ) Please send an automatic direct deposit to:

Community National Bank Checking Account Number: \_\_\_\_\_

Community National Bank Routing & Transit Number: 064201120

( ) Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): \_\_\_\_\_

Account #: \_\_\_\_\_

Please begin sending the same deposit to Community National Bank.

Deposit \$ \_\_\_\_\_ OR entire amount to Checking Account #: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ OR entire amount to Savings Account #: \_\_\_\_\_

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Community National Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Community National Bank shall be effective only with respect to entries credited to my account by Community National Bank after receipt of such notification and a reasonable time to act on it.

Primary Account Owner

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Automatic Payment Request

Use this form to request a transfer of an automatic payment to your Community National Bank account, or to establish a new automatic payment from your Community National Bank account. Complete this form for each automatic payment, and attach a voided check from your new Community National Bank account. Please allow sufficient time for your first automatic payments to be activated against your new Community National Bank account.

To (Company Name): \_\_\_\_\_

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with Community National Bank. The automatic withdrawal is being applied to the following account, which I have with your organization:

Account Number with Company: \_\_\_\_\_ Debit Amount: \_\_\_\_\_

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_

Effective immediately, I would like this automatic debit redirected to my new account with Community National Bank as follows:

Account #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_

**If you have any questions, please call me at the number listed below.**

Primary Account Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Account Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Account Closing Request

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You can also visit your former bank to close out your accounts.

To: \_\_\_\_\_

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

Account Type	Account #	Account Owner Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Note: If closing out a passbook account, please include passbook with this letter.)*

Pay to the order of: Community National Bank  
Together with all interest or dividends that may have become due on  
above listed accounts.

Forward funds to: Community National Bank  
1271 Market Street  
P.O. Box 255  
Dayton, TN 37321-0255  
(423) 570-0280

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed below.

Primary Account Holder: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_