

Seven Steps or less

You can quickly and easily switch your accounts from another financial institution to ours. The forms you need are right here.

And all you need to do is follow these steps:

1. Open your new accounts with us by bringing the completed forms to your nearest branch.
2. Stop using your old accounts.
3. Stop direct deposits from going to your old accounts and start sending them to your new accounts with **FORM A**.
4. Call the appropriate agencies to stop any direct deposits of government benefits to your old accounts and to start such direct deposits to your new accounts.
 - a. Social Security Administration— (800) 772-1213
 - b. Department of Veterans Affairs— (800) 827-1000
 - c. Office of Personnel Administration— (888) 767-6738
5. Revoke the authority to initiate payments (preauthorized payments) from your old accounts and authorize the initiation of payments from your new accounts. Complete **FORM B** for each third party currently authorized to initiate payments.
6. Authorize automatic transfers between your accounts with us— complete **FORM C** for each type of transfer.
7. Once your direct deposits are being received by your new accounts and all transactions on your old accounts have cleared, use **FORM D** to close your old accounts and terminate authority for transfers between them.



Franklin
120 Siler Road
828-369-2265

Hayesville
102 Hwy 64 E
828-389-0700

Murphy
86 Hiwassee St
828-837-1402

Blairsville
102 Town Square
706-781-1080

FORM A: Revocation of Prior Authorization and Authorization for Automatic (Direct) Deposit

Company Name & Address: _____

I/we revoke all prior authorizations of the Company (identified above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law

Account: Checking/Share Draft Savings/Share Savings

Account Number: _____

Taxpayer Identification Number: _____

Financial Institution Name, Address, and Routing Number:

Nantahala Bank and Trust Company
120 Siler Road
Franklin, NC 28734
Routing No.: 053112547

This authorization will remain in effect until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such a manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of notification is permitted.

(Signature)

(Signature)

(Print Name)

(Date)

(Print Name)

(Date)

Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

FORM B: Revocation of Prior Authorization and Authorization for Preauthorized Payments

Company Name & Address: _____

I/we revoke all prior authorizations of the Company (identified above) to initiate preauthorized payments from or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate debit entries to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of accomplishing the following preauthorized payments:

Amount: \$ _____ May vary May not exceed \$ _____

Regarding any right I/we have to receive notice at least 10 days prior to the due date of any payment of a varying amount, I/we choose to receive this notice ONLY when the amount of my/our payment falls outside the range of \$ _____ to \$ _____. Only when the amount of my/our payment differs from the most recent payment by more than \$ _____.

Frequency: Weekly Monthly _____

Termination Date (Optional): _____

Account: Checking/Share Draft Savings/Share Savings

Account Number: _____

Taxpayer Identification Number: _____

Financial Institution Name, Address, and Routing Number:

Nantahala Bank and Trust Company
120 Siler Road
Franklin, NC 28734
Routing No.: 053112547

My/our Account will remain subject to the account agreement terms and conditions not modified by this authorization. I/we acknowledge that the origination of these transactions must comply with U.S. law. This authorization will remain in effect until the termination date stated above or until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of revocation is permitted.

(Signature)

(Signature)

(Print Name)

(Date)

(Print Name)

(Date)

Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

FORM C: Automatic Transfer Authorization

Financial Institution Name, Address, and Routing Number:

Nantahala Bank and Trust Company
120 Siler Road
Franklin, NC 28734
Routing No.: 053112547

I/we authorize the Financial Institution (identified above) to make transfers between my/our accounts (identified below) at the Financial Institution as set forth below.

FROM: Checking/Share Draft Savings/Share Savings

Account Number: _____

TO: Checking/Share Draft Savings/Share Savings
 Installment Loan _____

Account Number: _____

AS FOLLOWS:

Periodic Transfers

Amount to be Transferred: \$ _____

Effective Date: _____ **Termination Date:** _____

Frequency: Weekly Monthly _____

Maintenance Transfers

When the balance of the account to which transfers are to be made falls below a minimum of \$ _____, transfers will be made in multiples of \$ 0.01 as needed to raise the balance to such minimum. You authorize the Financial Institution to charge a fee of \$ 0.00 to the account from which the transfers are made for each such transfer.

Insufficient Funds Transfer

When I/we overdraw the account to which transfers are to be made, transfers will be made in multiples of \$ 0.01 as needed to cover the overdraft. You authorize the Financial Institution to charge a fee of \$ 0.00 to the account from which transfers are made for each such transfer.

The authorization to make transfers provided herein does not create an obligation on the part of the Financial Institution to make such transfers. My/our accounts with the Financial Institution will remain subject to their account agreement terms and conditions not modified by this authorization.

(Signature)

(Signature)

(Print Name)

(Date)

(Print Name)

(Date)

Submit the original to the Financial Institution and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

FORM D: Notice to Close Accounts and Terminate Authority to Make Transfers

Institution Name & Address: _____

By this notice I/we close the following accounts at the Institution (identified above) and revoke any authority the Institution has to make transfers between my/or accounts:

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

All my/our checks/share drafts have cleared the listed accounts, and I/we have revoked all authorizations for direct deposits to and preauthorized payments from such accounts. The Institution shall send all account balances to me/us.

(Signature)

(Signature)

(Print Name)

(Date)

(Print Name)

(Date)

Submit the original to the Institution and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.