

Change is easy...  
Personal Switch Kit

# Change is easy with...

Personal Switch Kit



Your Life. Your Bank.

## Tavares Office

1892 East Burleigh Boulevard

Tavares, FL. 32778

Phone: (352) 508-1030

Fax: (352) 343-5179

## Port Orange Office

3615 Clyde Morris Boulevard

Port Orange FL. 32129

Phone: (386) 868-0068

Fax: (386) 761-5889



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**How would you like the Account titled?**

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**What type of account(s) would you like us to open for you?**

- Checking Account
- Interest Checking Account
- Money Market Checking
- Personal Savings Account
- Certificate of Deposit / Term: \_\_\_\_\_
- IRA / Term: \_\_\_\_\_
- Other: \_\_\_\_\_

**Account(s) will be held as:**

- Individual
- Joint – With survivorship
- Tenants In Common
- Community Property
- Trust
- UTMA
- Pay On Death Beneficiary (POD)
- Other: \_\_\_\_\_

**Additional Financial Tools Needed:**

- |   |   |
|---|---|
| <input type="radio"/> Online Banking                  | <input type="radio"/> Safe Deposit Box      |
| <input type="radio"/> Online Bill Payment Services    | <input type="radio"/> Overdraft Protection  |
| <input type="radio"/> Automatic Deposit               | <input type="radio"/> Credit Card           |
| <input type="radio"/> ATM Card                        | <input type="radio"/> Home Equity Financing |
| <input type="radio"/> Debit Card                      | <input type="radio"/> Auto Loan             |
| <input type="radio"/> Incoming/Outgoing Wire Services | <input type="radio"/> Other: _____          |



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**Individual / Signer Information (Please Print)**

**Account Owner:**

Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Additional Signer Information (please print)**

Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_



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We suggest that you complete this form and mail it to each depositor (your employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. You must inform each sender in order for you to receive proper credit.

**Authorization to Change Direct Deposit**

Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_ Checking or Savings (please circle one)

Effective \_\_\_\_\_ of 200\_\_, please begin sending my Direct Deposit to my new account at **Reunion Bank of Florida**. My **new account information** is as follows:

New Account Number: \_\_\_\_\_ Checking or Savings (please circle one)

ABA / Routing #: **063116614**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

\_\_\_\_\_

Signature Authorizing Change

Date



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We suggest that you complete this form and mail it to each party with whom you have an arrangement for Automatic Debits (i.e. Mortgage, Insurance, etc.):

**Authorization to Change Automatic Debits**

Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_ Checking or Savings (please circle one)

Effective \_\_\_\_\_ of 200\_\_, please begin sending my Direct Deposit to my new account at **Reunion Bank of Florida**. My **new account information** is as follows:

**New** Account Number: \_\_\_\_\_ Checking or Savings (please circle one)

ABA / Routing #: **063116614**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

\_\_\_\_\_  
Signature Authorizing Change

\_\_\_\_\_  
Date



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