

Change Notice

Please check one

- Direct Deposit
- Automatic Payment / Withdrawal

Name _____
 Social Security No. or ID No. _____
 Street Address _____
 City _____ State _____ Zip Code _____

Previous Financial Institution

Name of Institution _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Checking Account No. _____

New Financial Institution: **Carolina Bank**
P. O. Box 10209
Greensboro, NC 27404

I hereby authorize my direct deposit to be sent to my NEW checking account. I have attached a voided check for reference.

Effective (day / month / year) _____
 Name _____
 Checking Account No. _____
 Signature _____
 Date _____

I hereby authorize you to re-direct future automated payment withdrawals to my NEW checking account.

Effective (day / month / year) _____
 Name _____
 Checking Account No. _____
 Signature _____
 Date _____
 Bank Routing No. _____

Simplifying your life



CAROLINA BANK

The smart choice in banking

Greensboro

(9 am - 6 pm Monday - Friday)

Friendly Center

3124 W. Friendly Avenue (336) 297-2177

Lawndale

2604 Lawndale Drive (336) 288-1898

Jefferson Village

1601 Highwoods Boulevard (336) 323-3000

Asheboro

(9 am - 5 pm Monday - Thursday, 9 am - 6 pm Friday)

335 South Fayetteville Street (336) 328-0735

Burlington

(9 am - 5 pm Monday - Friday)

West Park Business Center

3057 South Church Street (336) 506-1020

High Point

Opening Soon

www.carolinabank.com



Member FDIC

Switching to Carolina Bank



CAROLINA BANK

The smart choice in banking

To switch your bank account to Carolina Bank, simply complete the information requested and bring it to a customer service representative during normal business hours to complete a review.

Some companies require the use of their own forms to initiate the switch. In order to facilitate the change we may ask you to provide a previous bank statement and any forms supplied to you by your employer or other party who originates a charge to your account.

We will prepare a formal signature card and account disclosures for a permanent record. You will need to bring a valid driver's license or passport when you come to our office to sign account documents.

Automatic Transactions

You may need to notify various organizations about changing your automatic transactions linked to your checking account or debit card.

For direct deposits consider

- Your employer's human resources department
- The company handling your retirement or pension payments
- Social Security Administration
- Other

For automatic withdrawals consider

- Mortgage company
- Life insurance
- Homeowner's insurance
- Other
- Auto insurance

For automatic charges to your debit card consider

- Utility companies
- Cable companies
- Telephone companies
- Other

Once you've opened your Carolina Bank account, there are a few things that need to be done to make the transaction complete

- Stop using your old account and let all outstanding checks clear (be sure to leave enough funds to cover any automatic payments that may need to be withdrawn).
- Turn in your unused checks and deposit slips to us (we'll buy them back and destroy them for you). Destroy ATM/debit cards.
- Use these forms to change any direct deposits, automatic withdrawals and/or automatic payments linked to your account or debit card.
- Use your free Carolina Bank Online Banking and Internet BillPay to set up automatic payments.
- We'll work with you to close your current banking accounts. All you have to do is provide us with your authorization and your account information.

Anti-terrorism Regulations

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you for your name, address, date of birth and other information that allows us to identify you. We will also ask to see your driver's license or other photo identification documents.

Personal Account Information

Please check one

- Individual Account
- Joint Account

Primary Account Holder Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____

Social Security No. _____

Current Driver's License No. _____ Exp. Date _____ State _____

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____

Employer _____

Position _____

Signature _____

Joint Account Holder Information

Name _____

Street Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____

Social Security No. _____

Current Driver's License No. _____ Exp. Date _____ State _____

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____

Employer _____

Position _____

Signature _____

Please note: We will prepare a formal signature card and account disclosures for a permanent record.

Checking Account Closure Notice

Name _____

Social Security No. _____

Joint Owner (if applicable) _____

Social Security No. _____

Previous Financial Institution

Name of Institution _____

Street Address _____

City _____ State _____ Zip Code _____

Checking Account No. _____

Please mail balance to: **Carolina Bank**
P. O. Box 10209
Greensboro, NC 27404

I hereby authorize the closure of my checking account. All my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.

Signature _____

Date _____

Joint Owner Signature (if applicable) _____

Date _____

