



Personal Switch Kit

Welcome to Shamrock Bank!

Personal Switch Kit

Switching your account has been made simple.

Let Shamrock Bank N.A. help, with this and all of your financial needs.

1. Open your new account(s) Done

Let one of our Customer Service Representatives assist you with opening your new account.

Please bring: \$150.00 opening deposit or Direct Deposit (payroll or social security check)

One (1) form of identification (State/Government Issued Picture ID, Social Security Card, etc.) **and** completed Shamrock Customer Personal Profile (one for each account owner)

Debit Card? Yes No

Bill Pay? Yes No

Electronic Banking? Yes No

TeleBank? Yes No

Electronic Statements? Yes No

2. Change your Direct Deposit Done

Complete the Direct Deposit Form, which we have provided, and give to your employer. You will need to attach a Shamrock Bank deposit slip on your new account to the Direct Deposit Form. If social security deposit, we can submit this request for you.

3. Stop using your old account(s) Done

Remember to keep adequate funds in the old account to cover any outstanding checks or ACH items.

4. Change automatic payment(s) Done

Complete the Automatic Withdrawal Form, which we have provided, to change all automatic withdrawals or automated payment service to include services that use former debit card number.

5. Close your old account(s) Done

Once all transactions/checks have cleared, send a Close Accounts Form, which we have provided, to your old bank(s) and they will send a check to you for the remaining balance.

6. Schedule an appointment Done

Ask your Shamrock Bank Customer Service representative about scheduling an appointment with a Shamrock Bank Loan Officer to discuss how we can help transfer your existing loans and assist you with future loan needs.

7. Watch your mail Done

Watch your mail for any notices from your creditor(s) or depository institution(s). There may be follow up required on their internal forms.

8. Carefully shred and securely dispose Done

Shred and securely dispose of all old UNUSED checks and existing debit/ATM cards associated with your now closed account.

**CUSTOMER IDENTIFICATION PROGRAM
CUSTOMER PERSONAL PROFILE**



Please have unexpired, government issued, photo ID available.

****See attached for important Federal Disclosure****

<input type="checkbox"/> OWNER		<input type="checkbox"/> AUTHORIZED SIGNER	
NAME <i>(First, Middle, Last)</i> :			
			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
MAIDEN NAME OR OTHER LAST NAME USED:			
MAILING ADDRESS: City, State Zip		PHYSICAL ADDRESS:	
		<i>Length of Residence:</i>	
PREVIOUS ADDRESSES <i>(in the last 5 years)</i> :			
<input type="checkbox"/> I am a U.S. Citizen <i>(W-9)</i> <input type="checkbox"/> I am a resident alien <i>(W-9)</i> Country:	DATE OF BIRTH:		SOCIAL SECURITY #:
	DRIVERS LICENSE #:	STATE ISSUED:	ISSUE DATE:
	EXPIRATION DATE:		
<input type="checkbox"/> I am a non-resident legal alien <i>(W-8BEN)</i> Country:	SECOND ID:		
HOME PHONE:	CELL PHONE:	OTHER PHONE:	E-MAIL:
EMPLOYER:		BUSINESS PHONE:	LENGTH OF EMPLOYMENT:
OCCUPATION <i>(If retired, from what)</i> :			OWN OR MANAGE BUSINESS?: <input type="checkbox"/> Yes <input type="checkbox"/> No
PREFERRED CONTACT METHOD: <input type="checkbox"/> Home Phone <input type="checkbox"/> Personal Cell Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> E-mail			
NEAREST RELATIVE:		RELATIONSHIP:	PHONE:

You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

SIGNATURE

Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

What this means for you:

- When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.
- We may also ask to see your driver's license or other identifying documents.



Personal Switch Kit

Date: _____

To Whom It May Concern:

Please accept this as my authorization to allow _____ with Shamrock Bank, N.A. to request information, complete forms and/or do whatever is necessary to switch my existing electronic draft(s) and/or deposit(s) with your organization, from my existing account to my new account with Shamrock Bank, N.A.

My new bank/account information is:

Bank Name:	Shamrock Bank N.A.	Routing Number:	103101547
Bank Address:		Account Number:	
City, State, Zip:			
Phone:			

Should you have questions or concerns please feel free to contact _____ at _____ or you may contact me at _____.

Respectfully,

Signature

Printed Name

Mailing Address

City, State, Zip

SSN

State of Oklahoma)
)
County of _____)

The above instrument was acknowledged before me on this _____ day of _____, 20____, by _____.



Personal Switch Kit

Name of Company

Date: _____

Mailing Address

City, State, Zip

To Whom It May Concern:

Please accept this as my notice that I have changed financial institutions. Effective immediately, please make all future deposits into my new account with Shamrock Bank N.A..

New Bank Name: Shamrock Bank N.A. Former Bank Name: _____

New Routing Number: 103101547 Former Routing Number: _____

New Account Number: _____ Former Account Number: _____

For your convenience, I have also attached a deposit slip for the new account. If you have questions regarding this request, please do not hesitate to call me at _____.

Respectfully,

Signature

Printed Name

Mailing Address

ATTACH DEPOSIT SLIP HERE

City, State, Zip

SSN



Automatic Withdrawal Request

Personal Switch Kit

Name of Company

Date: _____

Mailing Address

City, State, Zip

To Whom It May Concern:

Please accept this as my notice that I have changed financial institutions. Effective immediately, please draft all future payments from my new account with Shamrock Bank N.A.

New Bank Name: Shamrock Bank N.A.

Former Bank Name: _____

New Routing Number: 103101547

Former Routing Number: _____

New Account Number: _____

Former Account Number: _____

For your convenience, I have attached a voided check and/or deposit slip. If you have questions regarding this request, please do not hesitate to call me at _____.

Respectfully,

Signature

Printed Name

Mailing Address

ATTACH VOIDED CHECK HERE

City, State, Zip

SSN



Close Account(s) Request

Personal Switch Kit

Date

To Whom It May Concern:

This letter is to inform you that I am closing my accounts at your bank. Please close the following account(s) and any associated products/services to these account(s). Send a check for the remaining balance to my address shown below.

Account #: _____

Account #: _____

Account #: _____

Account #: _____

Should you have questions regarding this request, please don't hesitate to contact me at _____.

Respectfully,

Signature

Printed Name

Mailing Address

City, State, Zip

SSN