TrustAtlantic Bank

Switch Kit

Thank you for your interest in TrustAtlantic Bank. We understand that switching banks can be a difficult transition. That is why we have created this Switch Kit to make moving your account as easy and convenient as possible. This kit contains the appropriate documents that will aide in your transition.

Basic steps in moving your checking account:

- Make sure all checks have cleared the current account.
- Make certain enough funds are available in the current account to cover automatic payments that are still outstanding.
- Verify maturity dates before transferring to TrustAtlantic Bank.
- Send written notice or visit your current bank to close your account(s).
- Send written notice to the vendor(s) which automatically draft payments from the current checking account (telephone company, utilities, etc.) to notify them of the new account number.
- Send written notice to your employer to change the bank and account number for your direct deposit.

TRUSTATLANTIC BANK

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

www.**TrustAtlantic**.com toll free: **(866) 448-8232**

If establishing a personal account, please fill out all of the information below.

Personal Account Information

Individual Account

First Name MI Last Name

Street Address

City, State, Zip Code

Mailing Address (if different)

E-mail Address

Home Phone

Work Phone

Joint Account

First Name MI Last Name

Street Address

City, State, Zip Code

Mailing Address (if different)

E-mail Address

Home Phone

Work Phone

Account Holder Information

Social Security Number

Driver's License Number State

Issue Date Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Joint Account Holder Information

Social Security Number

Driver's License Number State

Issue Date Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Other Services

- O Online Banking
- O Debit Card
- O Credit Card
- O Overdraft Protection
- O Loans

Comments:

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

Business Account Information

Business Account Information

Name of Business

Business Tax Identification Number

Street Address

Business Phone

City, State, Zip

Business Fax

Mailing Address (if different)

Business Email Address

Authorized Signer Information

First Name MI Last Name

Social Security Number

Title (If Applicable)

Driver's License Number State

Business Phone

Issue Date Expiration Date

Business Fax

Date of Birth

Email Address

Authorized Signer Information

First Name MI Last Name

Social Security Number

Title (If Applicable)

Driver's License Number State

Business Phone

Issue Date Expiration Date

Business Fax

Date of Birth

Email Address

Please check any services you may be interested in.

- O Online Banking
- O Remote Deposit Capture
- O Merchant Services
- O Cash Management
- O Credit Card
- O Loans

Comments:

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

Please fill out the form below if you have funds automatically transferred in or out of your checking account.

Direct Deposits

Account Holder Information

Company Name	Frequency	Approximate Amount

Automatic Drafts

Type of Payment	Company Name	Account #	Amount	Transfer Date

Comments:

_____

_____

_____

_____

_____

_____
Date

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

Direct Deposit Change Request

Please review and complete the following information and return this form along with a voided check or deposit slip.

Direct Deposit Authorization

Name

Social Security Number

Address

City

Company Name

Company Address

Deposit Instructions

Please change my direct deposit with your institution to the following:

TrustAtlantic Bank

Transit/ABA Number: 053112343

Account Number

Signature

Customer Signature

Date

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

Please fill out the missing information in this letter in order to inform your vendor how to collect payments from your new account. Complete one for each vendor and utility company.

Automatic Payment Transfer Letter

Please review and complete the following information and send to your utilities and bills payed by automatic draft.

Dear _____
Vendor

This letter is to inform you of a change in my banking relationship. Currently, I have my _____ Vendor payment automatically withdrawn from my checking/savings account number _____ at _____ Current Bank on the _____ of the month. I would like to transfer these monthly drafts to be debited from my new account at TrustAtlantic Bank, and submit this letter as written notification to begin withdrawing from account number _____ /ABA Routing Number 053112343. Please begin this new draft effective _____. Thank you for your prompt attention to this request.

Sincerely,

Name

Address

City State Zip Code

Phone Number

Signature Date

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

If closing an existing account at another bank, use this form below. Fill out the information and send to your current bank, serving as written notification of an account closing request.

Account Closing Request

To: _____
(Name of Financial Institution)

From: _____
(Account Holder)

_____
(Joint Account Holder)

Address: _____

_____

Please close the following account(s) with your institution:

Account Number	Type of Account

Please send any funds remaining in these accounts to:

Address: _____

_____

_____
Account Holder Signature — Date

_____
Joint Account Holder Signature — Date

Copyright © 2008-2009 TrustAtlantic Bank. All Rights Reserved. Member FDIC and Equal Housing Lender

TrustAtlantic Bank

www.**TrustAtlantic**.com toll free: **(866) 448-8232**