



## Sound Bank Switch Kit

- Step One: Open your new Sound Bank account**
  - Simply fill out the **Sound Bank Account Form**. This form is a quick & easy way to gather the information you will need to open your new account(s) with Sound Bank.
  - Bring your completed form to a Sound Bank location along with proper identification: Driver's License or Picture ID and Social Security Card.
  
- Step Two: Transfer your direct deposits**
  - You will need to notify any company that sends direct deposits to your account.
  - First fill out the **Authorization to Change Automatic Payment** for any direct deposits you wish to be transferred to your new Sound Bank account.
  - Then, send the completed form to your employer's Human Resource department, or another company handling your retirement or pension payments.
  - If you receive a direct deposit from the Social Security Administration, go to their website, [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm), or call 1-800-772-1213 in order to access the proper forms.
  
- Step Three: Transfer your automatic payments**
  - Use the **Authorization to Change Automatic Payment** form for each automatic payment you wish to be transferred to your new Sound Bank account.
  - You also have the option to cancel your Automatic Payments and use our FREE Online Banking with Bill Pay instead. It's the convenient, easy way to track all your payments and to make sure all your bills are paid on time.
  
- Step Four: Close your old account**
  - The **Authorization to Close My Deposit Account** form should be completed for each account you wish to close and mailed to your previous financial institution.
  - Make sure that all checks have cleared and automatic payments and direct deposits have been switched to your new Sound Bank account.
  - Once they receive this form they will follow your instructions to close the appropriate account(s).
  - Destroy all old checks, deposit slips and ATM cards associated with the old account.

**Switch to Sound Bank Today!**

We are proud to be one of the most trusted and reliable financial institutions, with more than 18 years of proven financial stability. Sound Bank is more than just a community bank; we are your financial partner.

**Bring your completed forms to any location today so we can customize an account plan that works best for you!**



**Sound Bank  
Switch Kit**

**Step One: New Sound Bank Checking/Savings Account Form**

Please Check one:

Individual Account

Joint Account

**Primary Account Holder Information**

**Joint Account Holder Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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

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

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

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

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Exp. Date

\_\_\_\_\_  
State Exp. Date



\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



**Sound Bank**  
**Switch Kit**

**Step Two: Authorization to Change Direct Deposit**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**RE: Switching My Direct Deposit**

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Sound Bank.

**I have enclosed a voided check for your reference.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Contact Telephone Number

**Previous Financial Institution Information:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number



**New Financial Institution Information:**

Sound Bank  
5039 Executive Drive  
Morehead City, NC 28557

Routing Number: 053112466

Checking Account       Savings Account

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name Secondary Authorized Signature

\_\_\_\_\_  
Signature Secondary

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Sound Bank**  
**Switch Kit**

**Step Three: Authorization to Change Automatic Payment**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**RE: Switching My Automatic Payment**

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Sound Bank Account.

**I have enclosed a voided check for your reference.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State      Zip

\_\_\_\_\_  
Contact Telephone Number

**Previous Financial Institution Information:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address



City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

**New Financial Institution Information:**

Sound Bank  
5039 Executive Drive  
Morehead City, NC 28557

Routing Number: 053112466

Checking Account  Savings Account

Effective Date \_\_\_\_\_

Account Number \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name Secondary Authorized Signature \_\_\_\_\_

Signature Secondary \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



**Sound Bank**  
**Switch Kit**

**Step Four: Authorization to Close My Deposit Account**

Previous Financial Institution Name \_\_\_\_\_

Previous Financial Institution Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

**RE: Close My Account(s) Listed Below:**

I have recently changed banks and would like you to close the following account(s) listed below immediately:

Primary Account Holder's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Joint Account Holder's Name (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_



Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please send remaining funds to me at the address above or**

**Send the remaining funds to my new financial institution:**

Sound Bank  
5039 Executive Drive  
Morehead City, NC 28557

Routing Number: 053112466

Checking Account  Savings Account

Effective Date \_\_\_\_\_

For Deposit to this Account Number \_\_\_\_\_

Print Name \_\_\_\_\_

Print Joint Account Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

Joint Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_