



Business Account Switch Kit Organizer

Worksheet

This worksheet is designed to help you track the information you need to close your old account(s) and switch recurring payments and deposits to your new VeraBank business account.

Important: The information documented here is sensitive and should be for your use only. If printed, please consider shredding upon completion.

Your new VeraBank checking account information:

VeraBank Routing Number: **111903151**

Account Number:

Business Debit Card Number:

Recurring payments to your account (credits)

Any party that sends automatic payments to your account should be immediately notified of your new account information. This will help minimize disruptions to your cash flow.

Company Name	Account Number	Next Scheduled Payment	Amount	Date Notified	Date of First Payment Expected to New VeraBank Account

Recurring payments from your account (debits)

Notify service providers of your new VeraBank account or card information. Make sure that your new VeraBank account is properly funded to help avoid any service interruptions or issues.

Company Name	Account Number	Next Scheduled Payment	Amount	Date Notified	Type of Payment Setup (Check, Debit Card, Draft, Online Payment)

Payroll Funding

If you are currently using a payroll provider, ensure that they have the necessary information to fund your next payroll by supplying your new VeraBank account information.

Processing your own payroll? Integrate payroll and HR operations in one place with HR & Payroll solutions. Email treasurymanagement@verabank.com to learn more.

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Payroll Provider Name	Date Notified	Status

Merchant Services Funding

Be sure to notify your merchant services provider to deposit your card processing transactions and debit your monthly fees from your new VeraBank checking account.

Did you know that VeraBank offers comprehensive card payment solutions for your business? Learn the benefits of combining your payments processing and checking account to help you save money and accelerate receivables. Email a commercial banker at treasurymanagement@verabank.com for more information.

Merchant Processor Name	Date Notified	Status

Other Financial Services Partners and Key Consultants

Notify anyone who might be affected by your change of account, such as a bookkeeper, accountant, attorney, insurance agent, etc.

Partner/Consultant	Date Notified	Status

Outstanding Checks to Clear from Old Account

Check Payable To	Amount	Date Check Cleared

Old Account(s) to Close

Before you close your old account(s), allow time for outstanding checks, debit card purchases and recurring payments to clear. This may take a few business days, or possibly a few months. Check your account statement(s) to make sure that all items have cleared before you close.

Bank Name	Account Type (Checking, Savings, etc.)	Account Number	Date Account Closed



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Forms

The following forms (letter templates) have been created to help make the process of switching to VeraBank easier.

Important: *These completed documents will contain sensitive information. If printed, consider shredding upon completion. If emailed, exercise caution to ensure the content and attachments are sent securely.*

VeraBank cannot guarantee the acceptance of these forms by any institution and it may be required that you make any or all of these requests in person, utilizing their own paperwork, or by another method other than mail. In addition, the institution may require more or different information other than the templates contained in this kit.

Request to Switch Automatic Payments

Use this letter to switch any automatic payments from your old account to your new VeraBank account. Be sure to review the information, print a copy, sign and mail this letter to the organization that is debiting your account.

Request to Switch Automatic Deposits

Use this letter to switch any automatic deposits from your old account to your new VeraBank account. Review the information, then print, sign and mail this letter to the organization that is crediting your account.

Account Closing Request

Use this letter to request closure of your old account(s). Make sure that any automatic payments and deposits have been switched to VeraBank. Review the information, print a copy, sign and mail this letter to your old financial institution.



Automatic Payments Change Form

DATE

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

To Whom It May Concern:

I have recently changed banks and request that my automatic deduction be switched to my new account at VeraBank. You are currently debiting:

PREVIOUS BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

Please switch my automatic payment to my new VeraBank Account:

Checking

Savings

111903151

NEW VERABANK ROUTING NUMBER

NEW VERABANK ACCOUNT NUMBER

Effective: Immediately On ____ / ____ / ____

I authorize your company to initiate debit entries from my account at VeraBank, N.A. I understand that this authorization will remain in full force and effect until you have received written notification from me of its termination in such time to act. If you should have any questions, please contact me as soon as possible.
Thank you!

SIGNATURE

NAME

TITLE

CONTACT NUMBER

COMPANY NAME

ADDRESS

CITY

STATE

ZIP



Automatic Deposit Change Form

DATE COMPANY NAME

ADDRESS CITY STATE ZIP

To Whom It May Concern:

I have recently changed banks and request that my automatic deposit be switched to my new account at VeraBank. You are currently crediting:

PREVIOUS BANK NAME ROUTING NUMBER ACCOUNT NUMBER

Please switch my automatic deposit to my new VeraBank Account: Checking Savings

111903151
NEW VERABANK ROUTING NUMBER

NEW VERABANK ACCOUNT NUMBER

Effective: Immediately On ____ / ____ / ____

I authorize your company to initiate credit entries from my account at VeraBank, N.A. I understand that this authorization will remain in full force and effect until you have received written notification from me of its termination in such time to act. If you should have any questions, please contact me as soon as possible.
Thank you!

SIGNATURE

NAME TITLE

CONTACT NUMBER

COMPANY NAME

ADDRESS CITY STATE ZIP



Account Closing Request Form

DATE

FINANCIAL INSTITUTION NAME

ADDRESS

CITY

STATE

ZIP

To Whom It May Concern:

Effective _____, please close the following business account

DATE

ACCOUNT NUMBER

and send a check for the remaining balance to the address below.

If you have any questions, please do not hesitate to contact me!

SIGNATURE

NAME

TITLE

CONTACT NUMBER

COMPANY NAME

ADDRESS

CITY

STATE

ZIP