



“There’s a Difference” when you switch your banking to Community Bank & Trust of Florida.

Checklist: The following is a list of information you will need to open your new accounts:

Physical Address, as well as Mailing Address

Social Security Number

Date of Birth

Mother’s Maiden Name

City of Birth

Occupation/Name of Employer

2 forms of ID

Step 1: Open your new account with Community Bank & Trust of Florida.

Visit any one of our 8 conveniently located offices, call us at 352-369-1000. You may also print out the application forms ahead of time, fill them out and drop them off at any one of our branch locations. We’ll take care of the rest!

Step 2: Stop using your old account immediately.

As soon as possible, you need to stop writing checks, initiating payments and using your old ATM/Debit Cards. It is important to make sure you leave sufficient funds in your old account to cover any outstanding items that may be presented for payment (this usually takes approximately 10 days). You should shred or destroy any unused checks, deposit slips, and ATM/Debit Cards to avoid any unauthorized persons from using them. We will be glad to shred your old items for you.

Step 3: Let us assist you in changing your direct deposits.

Direct deposits are items that are electronically deposited into your account on a regular basis. These items may include, but are not limited to, payroll, social security and pension deposits. Our friendly Personal Bankers will be glad to sit down with you and make the phone calls for you or assist you in filling out the required paperwork to make sure the transition is as easy as possible for you. Fill out our Direct Deposit Form and bring it with you when you are ready to switch your direct deposits.

Step 4: Automatic Payments

Now that you have opened a new account with us, you will want to make sure all of your automatic payments are switched to your new account as well. Automatic payments can include items such as your utilities, insurance payments, mortgage payments, car payments, etc, that are automatically withdrawn from your account on a regular basis. Please feel free to use our Automatic Payment Form to assist you in notifying your creditors that you have changed banks. We would be happy to assist you if you have any questions.

Step 5: Close your old account

Once all of your outstanding checks have cleared your old account and you have changed all of your direct deposits/withdrawals, you should send an Account Closing Letter to your former bank. Simply complete the form, sign it and mail to your former bank to close your account.

Congratulations! You have made the switch. You can now enjoy all the benefits of a Community Bank. You will truly see that “There’s a Difference” when you bank with us!

PO Box 1570
Ocala, FL 34478

Phn: (352) 369-1000
Fax: (352) 369-5386





Payroll Direct Deposit Authorization

I hereby authorize the following **Company/Employer** to electronically deposit my payroll to the specified account listed below each payday:

Employer/Company Name: _____
Employer Tax Identification #: _____

Bank Name: Community Bank & Trust of Florida
ACH/Routing #: _____
 Checking Account Number: _____
 Savings Account Number: _____

If monies to which I am not entitled are deposited to my account. I authorize the above named **Company/Employer** to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me, in writing, or upon termination of my employment with said **Company/Employer**.

Signature of Employee: _____ **Date** _____
Print Employee Name: _____
Employee Identification Number: _____

**NOTE: If you have any questions, or this form is not sufficient to complete this request, please contact me at the following phone number: _____

Staple, in this box, a VOIDED check or deposit ticket for the account indicated above.

[Empty box for voided check or deposit ticket]

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Automatic Payment Change Form

To:

(Name of Company making Automatic withdrawals)

(Address)

(City) (State) (Zip code)

This is to notify you that I wish to change the banking account information you have on file for which you are making recurring automatic withdrawals.

My account number with your company is:
Name on Account:
You are currently withdrawing: (please check one)
[] entire amount due or [] \$
on the day of every month or on the account's due date.

CURRENT/OLD BANKING INFORMATION ON FILE:
Bank Name:
ACH/Routing #:
[] Checking Account Number:
[] Savings Account Number:
** Please stop making withdrawals from this account on: (date)

NEW BANKING INFORMATION ON FILE:
Bank Name: Community Bank & Trust of Florida
ACH/Routing #:
[] Checking Account Number:
[] Savings Account Number:

Please contact me at the following number if you have any questions: Phone [] Day or [] Evening

(Signature of Account Holder)

(Printed Name of Account Holder)

(Address) (City/State) (Zip code)

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Account Closing Letter

To:

(Name of Former Bank)

(Address)

(City) (State) (Zip code)

From:

(Primary Account Holder)

(Secondary Account Holder)

(Mailing Address)

(City) (State) (Zip code)

Re: Request to Close Account(s)

I have decided to close the following accounts with your bank:

Account # _____ Checking-[] Savings-[] Money Market-[] Other-[]

Account # _____ Checking-[] Savings-[] Money Market-[] Other-[]

Account # _____ Checking-[] Savings-[] Money Market-[] Other-[]

Account # _____ Checking-[] Savings-[] Money Market-[] Other-[]

Account # _____ Checking-[] Savings-[] Money Market-[] Other-[]

Please send a check for the balance in my account(s) to the address you have on record.

If you have any questions, or this form is not sufficient to complete this request, please contact me at: _____

Thank you for your prompt attention to this request.

(Primary Account Holder's Signature)

Date: _____

(Secondary Account Holder's Signature)

Date: _____

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