



## PERSONAL SWITCH KIT

*Move to a Better Way of Banking*

Whatever your personal goals or wherever your personal goals lead you, CNB Bank & Trust can help you get there. At CNB, we offer a wide selection of checking, savings and investment accounts to meet your unique needs. We want to help you move to a better way of banking so we're making it easy to switch from your old bank to CNB Bank.

When you open a new CNB checking or savings account, our bankers will work with you to provide a solution that is right for you. We hope you find this Switch Kit a simple and quick way to transfer your automatic deposits, withdrawals and payments from your existing account(s) to CNB.

Please review and complete the enclosed Account Switch forms. Once completed, please visit one of our CNB facilities and we'll open your new account(s). We look forward to visiting with you.



# ACCOUNT CLOSING REQUEST

Date \_\_\_\_\_

To \_\_\_\_\_

Name of Financial Institution

Address of Financial Institution

City

State

Zip Code

**Please close the following account(s) I / we have at your institution. I / We attest there are no outstanding items and that all direct deposits or automatic debits have been redirected to our new bank account. I / We have verified the remaining account balance and are aware of any fee(s) you might collect to process this account closing request.**

Account # \_\_\_\_\_  Checking  Savings  Money Market  Other \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Money Market  Other \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Money Market  Other \_\_\_\_\_

**You are authorized to process this request, and immediately forward the remaining funds in the account(s) by check as follows:**

Pay to the Order of CNB Bank & Trust, N.A., For Further Credit to

Checking -or-  Savings Account # \_\_\_\_\_

\_\_\_\_\_ CNB Bank - Branch Street Address

\_\_\_\_\_ CNB Bank - Branch City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

**If you have any questions about this request, please use the contact information below.**

**Sincerely,**

\_\_\_\_\_  
Signature – Primary Account Holder

\_\_\_\_\_  
Signature – Secondary Account Holder

\_\_\_\_\_  
Printed Name – Primary Account Holder

\_\_\_\_\_  
Printed Name – Secondary Account Holder

\_\_\_\_\_  
Daytime Phone Number – Primary Account Holder

\_\_\_\_\_  
Daytime Phone Number – Secondary Account Holder

State of Illinois County of \_\_\_\_\_

Signed before me on (date) \_\_\_\_\_ by (name of person or persons) \_\_\_\_\_

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature of Notary Public



# AUTOMATIC WITHDRAWAL OR AUTOMATIC PAYMENT CHANGE

To \_\_\_\_\_ Date \_\_\_\_\_

Name of Company / Organization

Address of Company / Organization

City

State

Zip Code

My Account Number with your Company / Organization \_\_\_\_\_

## To Whom It May Concern:

**Please redirect the automatic withdrawal or automatic payment that I have arranged with you to be taken from my new bank account held at CNB Bank & Trust, N.A., as instructed herein.**

CNB Bank & Trust, N.A. (Main branch address: 450 W Side Square, P O Box 350, Carlinville, IL 62626)

Account Type  Checking  Savings

Effective  Immediately  Beginning on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CNB Bank Account # \_\_\_\_\_ CNB Bank Routing # 081904662

**If you have any questions about this request, please use the contact information below.**

*Sincerely,*

\_\_\_\_\_  
Signature – Primary Account Holder

\_\_\_\_\_  
Signature – Secondary Account Holder

\_\_\_\_\_  
Printed Name – Primary Account Holder

\_\_\_\_\_  
Printed Name – Secondary Account Holder

\_\_\_\_\_  
Daytime Phone Number – Primary Account Holder

\_\_\_\_\_  
Daytime Phone Number – Secondary Account Holder

\_\_\_\_\_  
Account Address, City, State and Zip

State of Illinois County of \_\_\_\_\_

Signed before me on (date) \_\_\_\_\_ by (name of person or persons) \_\_\_\_\_

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature of Notary Public



# DIRECT DEPOSIT OF PAYROLL

**Date** \_\_\_\_\_

**To the Human Resources or Payroll Department at**

\_\_\_\_\_  
Name of Company / Organization

**To Whom It May Concern:**

**Please automatically deposit my payroll check into my bank account held at CNB Bank & Trust, N.A., as instructed herein. This includes my authorization to correct entries made in error. This authorization will remain in effect until I give written notice to cancel it.**

CNB Bank & Trust, N.A. (Main branch address: 450 W Side Square, P O Box 350, Carlinville, IL 62626)

Account Type  Checking  Savings

CNB Bank Account # \_\_\_\_\_

CNB Bank Routing # 081904662

**If you have any questions about this request, please use the contact information below.**

**Sincerely,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Printed Name

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

State of Illinois County of \_\_\_\_\_

Signed before me on (date) \_\_\_\_\_ by (name of person or persons) \_\_\_\_\_

\_\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Notary Public