

REPUBLIC BANK'S HASSLE-FREE SWITCH SERVICE

Five Minutes . . .

That's all the time it takes to change an account from your current bank to Republic Bank. Switching to Republic Bank has never been easier. Our Switch Kit ensures any existing direct deposits or automatic payments will seamlessly transfer to your new Republic Bank account.

How does it work? Simply fill out the enclosed forms as needed and mail them to the appropriate bank, person or company. **It's as easy as 1 - 2 - 3!**

1. Fill out the "Close Account Request" and mail or drop off at your old bank.
2. To authorize Direct Deposit of your payroll check, fill out and sign the "Payroll Deposit Change Form", attach a voided check from your new Republic Bank account and give to your employer's Human Resources or Payroll Department.
3. Fill out and mail or drop off an "Automatic Account Debit Change Authorization Form" for every automatic debit you want to have deducted from your new Republic Bank account.

Too much trouble? Stop by any Republic Bank and we'll fill out all the forms for you! Or call us: in Louisville, 584-3600 or outside Louisville, 888-584-3600 toll free.

**REPUBLIC
BANK**
www.republicbank.com
Member FDIC

DEBIT CHANGE FORM

Automatic Account Debit Change Authorization Form

Name of Service Provider _____

Customer Name _____

Customer Phone Number _____

Address _____

City / State / Zip _____

Social Security # _____

Account / Customer # _____

I hereby authorize my automatic withdrawal in the amount of \$ _____
to be changed from my current checking account # _____ at
(financial institution) _____ to my new Republic Bank
account(s) as listed below:

Checking Account # _____

ABA Routing # _____
(9 digit number in the lower left corner of your checks.)

Effective Date _____

Amount to be withdrawn: \$ _____

Date of withdrawal: _____

Signature: _____

Date: _____

(Please attach a voided check to this form. Do not attach a deposit slip.)



PAYROLL DEPOSIT FORM

Payroll Deposit Change Form

To be given to your employer's Human Resources or Payroll department

Name _____

Address _____

City/State/Zip _____

Social Security # _____

Employee # (if applicable) _____

I hereby authorize direct deposit of paycheck to be changed from my current bank account # _____.

At (financial institution) _____ to my new Republic Bank account(s) as listed below:

Checking Account # _____

Amount / Percent to be deposited \$ _____

Savings Account # _____

Amount / Percent to be deposited \$ _____

Money Market Account # _____

Amount / Percent to be deposited \$ _____

Effective Date: _____

ABA Routing # _____

(9 digit number in the lower left corner of your checks.)

Signature: _____

Date: _____

(Please attach a voided check to this form. Do not attach a deposit slip.)

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CLOSE ACCOUNT REQUEST

Client Name _____

Address _____

City / State / Zip _____

Social Security # _____

I hereby request that the following desposit account(s) with you be closed:

Bank Name _____

Account # _____

Type: Checking Savings Money Market CD _____ Maturity Date

Other _____

Bank Name _____

Account # _____

Type: Checking Savings Money Market CD _____ Maturity Date

Other _____

Bank Name _____

Account # _____

Type: Checking Savings Money Market CD _____ Maturity Date

Other _____

Please forward all remaining funds to me by check at the address shown above.

Signature: _____

Date: _____

If there will be penalty of fee, please contact me at phone # _____

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