

# 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](http://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Amount to be withdrawn: \$ \_\_\_\_\_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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