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.
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 #

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Amount to be withdrawn:  $________________________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 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.)
CLOSE ACCOUNT REQUEST

Client Name ____________________________________________________________

Address ________________________________________________________________________

City / State / Zip _____________________________________________________________

Social Security # ____________________________

I hereby request that the following deposit 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 # _______________________

REPUBLIC BANK
It’s just easier here.

RepublicBank.com  Member FDIC