

### **BBTC QUICK-SWITCH**

We've made moving your accounts to BBTC quick and easy using our convenient forms. Just follow the steps below. We're here to assist you every step of the way.

STEP 1

#### **OPEN YOUR NEW BBTC ACCOUNT**

Speak with a customer service representative to find the right account for you. Once the account is opened, discover how we personally deliver our products and services with care and expertise.

STEP 2

### **CLOSE YOUR OLD ACCOUNTS**

Immediately begin using your new account. Make sure your old account is active long enough to allow outstanding checks and automatic withdrawals to clear through your old account. Then, complete the "close account form" and we'll be happy to take care of the rest. Be sure to destroy old checks, ATM/Debit card and deposit slips.

STEP 3

### SWITCH YOUR AUTOMATIC TRANSACTIONS

The forms in this packet will help you contact the companies and financial institutions that handle your automatic deposits and automatic withdrawals. We'll be happy to help you with any of these forms.

### Use this checklist to keep track of people you may need to contact:

DIREC	I DEPOSIT
	Your employer's Human Resource Department
	The company handling your retirement and pension payments
	Social Security Administration
	Other
AUTON	MATIC WITHDRAWALS FROM YOUR ACCOUNT/DEBIT CARD
	Mortgage Company
	Homeowner's Insurance
	Auto Insurance
	Life Insurance
	Utility Companies
	Telephone Companies
	Cable Company

STEP 4

### YOU'RE DONE!

Other

Welcome to BBTC. We hope you take advantage of all the great products and services we offer. Dont hesitate to let us know if we can help in any way.







# **NEW ACCOUNT INFORMATION**

PRIMARY APPLICANT	DATE			
NAME				
HOME ADDRESS				
CITY	STATE	ZIP		
DRIVER'S LICENSE NUMBER	STATE	ISSUE DATE	EXP. DATE	
OCIAL SECURITY NUMBER	DATE OF BIR	TH		
IOME PHONE	MOBILE PHO	NE		
VORK PHONE	EMAIL ADDRI	ESS		
MPLOYER NAME				
MPLOYER ADDRESS				
CITY	STATE	ZIP		
OCCUPATION/JOB TITLE				
MOTHER'S MAIDEN NAME	WHAT CITY	WHAT CITY WERE YOU BORN IN?		







# **NEW ACCOUNT INFORMATION**

ONLY FILL OUT IF JOINT-OWN	DATE	DATE		
NAME				
HOME ADDRESS				
CITY	STATE	ZIP		
DRIVER'S LICENSE NUMBER	STATE	ISSUE DATE	EXP. DATE	
SOCIAL SECURITY NUMBER	DATE OF BIRT	H		
HOME PHONE	MOBILE PHON	E		
WORK PHONE	EMAIL ADDRES	SS		
EMPLOYER NAME				
EMPLOYER ADDRESS				
CITY	STATE	ZIP		
OCCUPATION/JOB TITLE				
MOTHER'S MAIDEN NAME	WHAT CITY W	WHAT CITY WERE YOU BORN IN?		







## **CLOSE ACCOUNT**

		DATE	
FINANCIAL INSTITUTION'S NAME	ME		
ADDRESS			
CITY	STATE	ZIP	
To whom it may concern:			
and send a check for the rem	notice to close my account aining balance to the address list ne at:	(accou ed below. If you have any	nt number), , questions
Thank you.			
Sincerely,			
SIGNATURE			
NAME (PLEASE PRINT)			
ADDRESS			
CITY	STATE		







## **CHANGE AUTOMATIC WITHDRAWAL**

	DATE	
NAME & ADDRESS OF COMPANY	THAT MAKES AUTOMATIC WITHDARAWLS	
Го whom it may concern:		
You are currently withdrawing \$_	(amount)	
or	_ (payment description) on	(date of debit
from the following account:		
FINANCIAL INSTITUTION'S NAME		CHECKING
ROUTING NUMBER	ACCOUNT NUMBER	SAVINGS
	ACCOUNT NUMBER SAVINGS  chis request, please contact me at:	
hank you.		
Sincerely,		
SIGNATURE		
NAME (PLEASE PRINT)		
ADDRESS		
CITY	STATE Z	ZIP



# **CHANGE DIRECT DEPOSIT**

	DATE		
NAME & ADDRESS OF COMPANY	THAT INITIATES DIRECT DEPOSIT		
To whom it may concern:			
You are currently depositing \$_	(amount)		
for deposit)	(deposit description) on	(date of	
FINANCIAL INSTITUTION'S NAME	<u> </u>	CHECKING	
ROUTING NUMBER	ACCOUNT NUMBER	SAVINGS	
ease stop making deposits in the account above and start depositing to CHECKING CHEC		•	
r you nave any questions about Fhank you.	this request, please contact me at:		
Sincerely,			
SIGNATURE			
NAME (PLEASE PRINT)			
ADDRESS			
CITY	STATE ZIP		



# **WITHDRAWAL & DEPOSIT CHECKLIST**

Name of Company	Amount	Date	Withdrawal or Deposit



