

EZ Switch Kit

Automatic Payment / Deposit Change Request

Complete and sign one copy of this form for each automatic payment or deposit (other than payroll) and mail to the company that deposits or debits from your old account.

For example:

- Mortgage Company
- Auto Insurance
- Cable Company
- Internet Service Provider
- Health Club

This form will notify merchants to redirect automatic payments or automatic deposit transactions (i.e. CD interest payments) to CommunitySouth Bank & Trust.

DATE _____

COMPANY MAKING AUTOMATIC PAYMENT/DEPOSIT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Authorization:

This form serves as my request to have my automatic payment/deposit transferred to my new account at CommunitySouth Bank & Trust.

- Automatic Payment Automatic Deposit

Amount: (if applicable) _____

Account Number: (or other identifying information) _____

Old Bank Name: _____

Account Number: _____

Please redirect to my new account with:

New Bank Name: COMMUNITYSOUTH BANK & TRUST

Address: 6602 CALHOUN MEMORIAL HWY, EASLEY, SC 29640

Telephone Number: 864-306-2540

Account Number: _____

Routing Number: 053208118

Special Instructions: _____

Sincerely,

SIGNATURE _____

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____



Banking Unusual!

