

EVB Switch Kit

Make the switch with ease.

Moving your checking or savings account to EVB is now easy with these handy tips and forms.

Here are the steps to take to close out an old checking account and move all your direct deposits and remaining balance over to your new EVB account.

1 Open a new EVB checking or savings account. Change all direct deposits and automatic payments from the old account to your new EVB account. The forms provided will help. Simply print the form, fill in the information and bring it to your nearest EVB office.

2 Stop using the old account and let all of your outstanding checks clear the account.

3 Destroy any unused checks, ATM and debit cards, and deposit slips from the old account. We'll be happy to shred them for you at any EVB branch.

4

Use the checking account closure form on the inside of this brochure to inform your old bank to close your account. The form allows you to either request a check for the balance in the account, or have it sent directly to your new EVB account.

You can also use the Account Closure Form to close out an old savings account. In addition, we've included a Draft Authorization Form so you can set-up automatic payments of your regular bills.

Be sure to leave sufficient funds in your old account to cover any outstanding checks or automatic payments for at least 10 business days. EVB is not responsible for overdraft charges that result from maintaining insufficient funds.

If you need help, just stop by any of our branches or give us a call at 1-888-464-BANK (2265).



www.bankevb.com
1-888-464-BANK (2265)



Send this form to the financial institution that has your old checking and/or savings accounts.

CHECKING & SAVINGS ACCOUNT CLOSURE FORM

Please close my checking account at:

Financial Institution _____

Account Number _____

Effective Date _____

Please close my savings account at:

Financial Institution _____

Account Number _____

Effective Date _____

I authorize the closing of my account(s) as noted above.

Signature _____

Date _____

Name on the account _____

Address _____

City/State/Zip _____

Social Security Number _____

Telephone Number _____

My instructions for the balance in the account(s) (select one):

Mail the balance of my account(s) to my home address above.

Send the balance of my account(s) to be deposited in my checking account at EVB.

EVB checking account number _____

Send the balance of my account(s) to be deposited in my savings account at EVB.

EVB savings account number _____

EVB routing number 051404383

EVB, Attn.: Customer Service Department

P. O. Box 1005, Tappahannock, VA 22560

Telephone: 1-888-464-BANK (2265)

Give this form to your employer if they are making direct deposits into your account of all or part of your salary.

PAYROLL DIRECT DEPOSIT CHANGE FORM

Date _____

Employee Company _____

Name (the Depositor) _____

Mailing Address _____

City/State/Zip _____

To Whom It May Concern:

You are currently depositing all or a portion of my paycheck to the following checking account:

Current financial institution _____

Financial institution routing number _____

Account number _____

Please stop making deposits to the above account and instead make the same deposits to the account below at EVB, P. O. Box 1005, Tappahannock, VA 22560.

EVB account number _____

EVB routing number 051404383

Effective Date _____

Signature _____

Name on the account _____

Address _____

City/State/Zip _____

If you have questions about this request, please contact me:

Daytime phone _____

Evening phone _____

Give a copy of this form to any payee that you wish to authorize to draft payments directly from your checking account at EVB.

CHECKING ACCOUNT DRAFT AUTHORIZATION FORM

Date _____

Company (Payee) _____

Mailing Address _____

City/State/Zip _____

Effective Date _____

To Whom It May Concern: You are authorized to withdraw from my EVB checking account:

Amount _____

For (purpose) _____

My account number with you _____

How often _____

Beginning when _____

My account information:

EVB checking account number _____

EVB routing number 051404383

EVB, Attn.: Customer Service Department

P. O. Box 1005, Tappahannock, VA 22560

Telephone: 1-888-464-BANK (2265)

IF CLOSING AN ACCOUNT, FILL OUT THE FOLLOWING SECTION

I hereby instruct you to stop making automatic withdraws from the following checking account.

Financial institution _____

Account number _____

Financial institution routing number _____

Effective date _____

Signature _____

Date _____

Name on the account _____

Address _____

City/State/Zip _____

If you have questions about this request, please contact me:

Daytime phone _____

Evening phone _____