Authorization

United Community Bank

Simple Switch

Customer Information

Account Type (Individual or Joint)

Customer/Account Name

Address: Street, City, State, Zip

/ /

Telephone: Home/Work/Cell

Bank Information

United Community Bank

Bank Name

Account Number

065405226

Routing/ABA Number

By signing and initialling below, I authorize the originator to process my direct deposit and/or transfer authorizations via my account at United Community Bank until I revoke in writing.

Initials

_____ Automatic Payment Changes

_____ Direct Deposit Changes

_____ Account Closure

Authorized Signature

Date

Automatic Payments

United Community Bank

Simple Switch

Company Name

Address

Account Number

I have changed banks. Please have my automatic payments to your company switched to my new account. Below you will find my new banking information

United Community Bank
Company Name

Account Number

065405226
Routing/ABA Number

Automatic Payment Information

Name (As stated on bill)

Telephone: Day/Evening

Address: Street, City, State, Zip

Monthly Payment Date

$
Amount to be Debited

Please refer to the attached sheet authorizing the changes indicated above.

Direct Deposit

United Community Bank

Simple Switch

Employer Name

Address

I have changed banks. Please change my banking information on file and begin making direct deposits into my new United Community Bank account

United Community Bank
Company Name

Account Number

065405226
Routing/ABA Number

Employee Information

Employee Name

Telephone: Day/Evening

Address: Street, City, State, Zip

/
Social Security Number

Payroll Schedule: Monthly,Bi-Monthly,Quarterly

$
Deposit Amount

Please refer to the attached sheet authorizing the changes indicated above.

Account Closing

Bank Name

Address

This letter is to inform you that I am closing my account(s) with your institution. Please close the account(s) listed below, and send me a check for the balance(s). If you have any questions regarding this request, please contact me at the telephone number listed below

Account Information

Checking Account Number(s)

/

Savings Account Number(s)

Customer Name (as structured at your institution)

Address: Street, City, State, Zip

Telephone: Day/Evening