## Switching to Harrison County Bank is as EASY as 1-2-3!!!

## Just follow these 3 easy steps to move your account to Harrison County Bank - with no hassle.

**Step 1:** Closing your checking account at your previous bank by filling out the <u>Checking Account Closure Form</u> and take it to your previous bank. You can specify the date you want your account closed and where you want your remaining balance sent.

**Step 2:** If you currently have direct deposit with your employer, fill out the <u>Direct Deposit Change Form</u> and give it to your employer. This form tells your employer everything they need to know about where to send your direct deposit and the effective date you want it to take place.

**Step 3:** If you currently have payments automatically deducted from your checking account or wish to initiate this service through your new account at Harrison County Bank, fill out the <u>Automatic Payment Change Form</u> and forward it to those companies who automatically draft your checking account on a regular basis. You can specify the effective date to start drafting your Harrison County Bank checking account.

1.	CHECKING ACCOUNT CLOSURE FORM
Date	Name
A -l -l	
Account # Being Closed	
	dress <u>Harrison County Bank, PO Box 98, Lost Creek, WV 26385</u>
Attention New Accounts	
I hereby authorize the closure of my acc	count effective (date)
Social Security #	Signature
	THE FINANCIAL INSTITUTION THAT CURRENTLY HAS YOUR CHECKING ACCOUNT
2.	DIRECT DEPOSIT CHANGE FORM
Date	Name
	Name
Fmnlover's Address	
PREVIOUS Financial Institution	
Address	
Previous Account #	
	dress <u>Harrison County Bank, PO Box 98, Lost Creek, WV</u> 26385
	New Account # Telephone <u>304-745-33</u>
I hereby authorize direct deposit to my a	account effective (date)
Social Security #	Signature
	O YOUR PRESENT EMPLOYER (Your employer may require additional forms)
	AUTOMATIC PAYMENT CHANGE FORM
	Name
Company's Address	
Previous Account #	
	dress <u>Harrison County Bank, PO Box 98, Lost Creek, WV</u> 26385
Routing # for new bank <u>051502913</u>	· · · · · · · · · · · · · · · · · · ·
I hereby authorize automatic payment to	to my account effective (date)
Social Security #	Signature
	THIS TO THE COMPANY THAT RECEIVES YOUR ELECTRONIC PAYMENT