



We are pleased you've decided to open an account and know you will enjoy the personalized service and friendly bankers at American Bank. We pledge you'll always receive prompt, personal service, provided by people who know you.

Changing banks can be a big decision and a challenge. That's why we have designed the Switch Kit to guide you step-by-step through the move. This Kit includes several worksheets and forms that will make it easy for you to "switch".

Step 1. – Open your New American Bank Account

A Banker in any of our branches can advise you on the accounts and services to fit your needs and lifestyle.

Gather your account information and enter it on the Switch Kit Account Information Worksheet designed specifically for this purpose. Each account owner will need to present valid identification and supply the information on the Account Information Worksheet.

Once your new account is funded, you can begin using your account and debit card. Your check order will be sent to you in 7 – 10 business days.

You will be able to enroll in our Online Banking Service the day after your account is open.

- Go to ambankwaco.com click Personal, Online Services, ENROLL NOW.
- Be sure to Enroll in Estatements, and our Bill Pay service.

Remember: Don't forget to leave enough funds in your old account to cover any outstanding checks or automatic payments.

Step 2. – Transfer Direct Deposits & Automatic Payments

This is one of the most important aspects of making a smooth switch. It's a good idea to have a few recent bank statements available to review the automated transactions you need to move. We've provided new account notification forms for you to use to notify your employer, other direct depositors, and any vendors you have authorized to charge your account.

Also, keep in mind:

- Direct deposits from your employer, retirement plan, or other sources of income such as Social Security need to be transferred to your new account.
- Automated payments for insurance, utilities, and other transactions you have authorized are easy to remember with our convenient Payments Worksheet.
- If you are using Online Bill Payment, don't forget to print a list of your current Payees (and your Payment History). our Online banking bill payment system can handle all of your recurring and one-time online bill payment needs.
- For personal assistance by phone call 254-412-2000 or visit one of our nearest branches.

Step 3. – Close your old account

Confirm that all outstanding checks have cleared on your old account. The Reconciliation Worksheet will assist you with identifying that all activity has cleared your old account.

- Verify that your direct deposits have been redirected to your new account.
- Check with any payees who have not redirected your automatic payments.

Use the Account Closure Form to notify your old bank that you are closing your account.

We will be happy to assist you in any part of this process. We appreciate your business and look forward to serving you.

Government Agency

Social Security Administration 1700 Lake Air Dr. Waco, TX 76710 1-800-772-1213	(SSA)
Veterans Administration 701 Clay Ave Waco, TX 76799 1-800-827-1000 1-888-407-0144, Lincoln Fiduciary Hub Option 3	(VA)
VA Hospital Financial Department 4800 Memorial Dr. Waco, TX 76711-1397 1-214-742-8387	(VA Payroll)
Teacher Retirement System of Texas 1000 Red River St Austin, TX 78701-2698 1-800-223-8778	(Teacher Retirement)
Defense Finance & Accounting Service PO Box 99191 Cleveland, OH 44199-1126 1-888-332-7411, (Air Force) Option 4,1,3,3	(Air Force, Navy, & Army)
US Office of Personal Management PO Box 45 Boyers, PA 16017-0045 1-202-606-1800	(Civil Service)
Department of the Treasury Po Box 4835 Chicago, IL 60680-4835 1-202-622-2000	(Railroad Retirement)
Texas Municipal Retirement System PO Box 149153 Austin, TX 78714-9153 1-800-924-8677	(TMRS)



American Bank

Switch Kit Account Information Worksheet

Use this worksheet to collect information that you will need to establish your new banking relationship with American Bank.

Your Information

First Name Middle Last Name

Address Apt # City State Zip Code

Social Security Number Date of Birth Mother's Maiden Name

Home Telephone Number Work Telephone Number Cell Phone Number

Email Address

Employer Occupation City Born In

Joint Owner's Information

First Name Middle Last Name

Address Apt # City State Zip Code

Social Security Number Date of Birth Mother's Maiden Name

Home Telephone Number Work Telephone Number Cell Phone Number

Email Address

Employer Occupation City Born In

Acceptable forms of identification include:

- Current Driver's License
- State Issued ID
- Resident Alien Card
- Passport
- Military ID
- Texas CHL

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i>		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		E DEPOSITOR ACCOUNT NUMBER																					
CITY	STATE	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																					
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT <i>(Check only one)</i>																					
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;"><i>(specify)</i></div>																					
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>																					
Prefix	Suffix	TYPE	AMOUNT																				
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i>																					
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT													
		<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>														<table border="1" style="width: 25px; height: 40px; border-collapse: collapse;"> <tr> <td style="text-align: center;"> </td> </tr> </table>	
		DEPOSITOR ACCOUNT TITLE															
FINANCIAL INSTITUTION CERTIFICATION																	
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.																	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE														

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
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SECTION 1 (TO BE COMPLETED BY PAYEE)

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BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	AUSTIN, TEXAS	
	00	(C)	28 28
Pay to the order of	(A)	(F)	DOLLARS CTS \$****100 00
			NOT NEGOTIABLE
":00000518": 041571926"			

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



American Bank

Payroll Direct Deposit Authorization Form

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new bank account:

Employee Last Name

First Name

Middle

Address

City

State

Zip Code

Phone Number (Day)

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number/ABA # 111900604

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my American Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature _____ Date _____



American Bank

Automatic Payment Authorization Form

NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name

Company Address

City

State

Zip Code

Account Number with Company

Please change the account used for Automatic Payment to my new account:

Last Name First Name Middle

Address

City

State

Zip Code

Phone Number (Day)

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number/ABA # 111900604

I hereby authorize _____ (payee/company name) to initiate payments from my American Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____

For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.



American Bank

Online Banking Bill Payments Worksheet

List your Online Banking Bill Payments that need to be transferred to your new American Bank **Bill Payment Service**.

HINT:

Before you cancel your current bill payment service, print your Payee information and ALL your Bill Payment History.

Checklist for Online Bill Payments:

- | | | |
|---|---|--|
| <input type="checkbox"/> Electric Company | <input type="checkbox"/> Mortgage or Rent Payment | <input type="checkbox"/> Home/Rental Insurance |
| <input type="checkbox"/> Gas Company | <input type="checkbox"/> Car Loan or Lease | <input type="checkbox"/> Automobile Insurance |
| <input type="checkbox"/> Water Company | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Cable |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Health Club | <input type="checkbox"/> Internet Services |
| <input type="checkbox"/> Cable Service | <input type="checkbox"/> Dept. Store Card | <input type="checkbox"/> Doctors |



American Bank

Reconciliation Worksheet

Before you close your old account, you need to make certain that all checks have paid, and that all of your automatic direct deposit and payments are being received on your new American Bank Account. You can reconcile your old account below to verify that all entries you expected have cleared.

Checks Outstanding
(Written but not shown on statement)

Reconciled as of _____, 20__

Check # or Debit	Amount	
TOTAL		

ENTER Statement Balance \$ _____

ADD Deposits made after Statement Date + _____

SUBTRACT - _____

Total of Checks Outstanding

BANK BALANCE \$ _____

Should agree with your checkbook balance after deducting charges and adding credits listed on statement but not shown in checkbook.

Account Closure Form

Bank Name: _____

Bank Address: _____

Please close the accounts listed below effective immediately. Please forward any remaining balance in my accounts by check to my address listed below.

Checking Account: _____

Title: _____ Account Number: _____

Money Market Account: _____

Title: _____ Account Number: _____

Savings Account: _____

Title: _____ Account Number: _____

Other Account: _____

Title: _____ Account Number: _____

Forward closing balance(s) to:

Street Address

City, State, Zip

Telephone Number

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

Signature _____ Date _____