



**UNITED
SOUTHERN
BANK**

SWITCH KIT

We are very pleased that you have decided to open an account with United Southern Bank and hope this kit assists you with the smooth transition of opening an account with us. We look forward to assisting you with any additional financial needs you may have.

United Southern Bank offers FREE online banking and bill pay that is easy and secure. We have an array of financial services to meet all your needs including checking, savings and money market accounts, home mortgage loans, home equity lines of credit, commercial real estate loans, other types of business loans and trust and investment services. For more information, please stop by one of our locations to visit with one of our friendly staff.

Thank you for choosing United Southern Bank.





SWITCH KIT

Welcome to United Southern Bank!

Switching your accounts to United Southern Bank is easier than you might think because we do all the work for you. This Switch Kit has been created with you in mind. Just follow these simple instructions and let us do the rest.

Step 1: Stop using your old account.
Don't close it right away – let all of your outstanding checks clear first and your automatic withdrawals transfer to United Southern Bank. Bring in your old checks and debit cards and we will destroy them for you.

Step 2: Move your direct deposits to your new United Southern Bank account.
Use the enclosed Direct Deposit Authorization form.
For Social Security direct deposit, see the Direct Deposit for Federal Benefit Payments form inside.

Step 3: Move your automatic payments or withdrawals to your new United Southern Bank account and set-up Online Bill Payment.
Use the enclosed Change of Automatic Withdrawal form.
Use the enclosed Bill Payment form.

Step 4: Finally, close your old account.
Once all checks have been cleared and direct deposits and payments have been transferred, send a written notice to close your old accounts.
Use the enclosed Account Closing form.

If you need our assistance with any of these forms, please call one of our offices:

Astor
352-759-2222
Clermont
352-243-8711
Eustis
352-589-2121

Lady Lake
352-753-2300
Leesburg – Main
Street
352-326-9218

Leesburg – South
352-728-1737
Lisbon
352-728-0077
Mount Dora
352-735-2101

Tavares
352-343-1110
Umatilla
352-669-2121
Villages
352-259-1000



SWITCH KIT

DIRECT DEPOSIT AUTHORIZATION FORM

Complete the Direct Deposit Authorization Form to inform your employer or other companies that make direct deposits on your behalf to begin using the new account. If you have Social Security or other governmental direct deposit, please use the Treasury Department Standard Form 1199a included in this kit.

Use one form for each company making a direct deposit to your account. **Include a VOIDED check or deposit ticket from your new United Southern Bank account with each authorization.**

This is: (Check one) A NEW authorization for Direct Deposit. (Not currently using Direct Deposit.)
 A request to change my existing authorization from the following institution:

Previous Account Number: _____

Previous Financial Institution Name: _____

I hereby authorize (company/organization name) _____ to deposit my net paycheck or other periodic payment into the United Southern Bank account identified below. This request is to remain in effect until changed by me in writing.

Last Name: _____ First Name: _____

Joint Account Holder Name: _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Social Security Number: _____

Employer's Name: _____ Phone Number: _____

Employee ID Number or Department: _____

NEW Routing Number: 063105285 NEW Account Number: _____

Type of Account (check one) Checking Savings

Signature: _____ Date: _____

DIRECT DEPOSIT

For Federal Benefit Payments

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1199A
(August 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

Or call **Go DirectSM** at 1 (800) 333-1795
to sign up today.*

DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

* If you elect to enroll by phone, the **Go Direct** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

*** Department of Veterans Affairs**
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT		
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF LEGAL REPRESENTATIVE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
TELEPHONE NUMBER () - -		
SOCIAL SECURITY OR CLAIM NUMBER (under which the current federal benefit payments received)		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	MILITARY (specify below) Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	
RAILROAD RETIREMENT (specify below) Annuity benefit <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	<input type="checkbox"/> FEDERAL SALARY
CIVIL SERVICE (OPM) RETIREMENT (specify below) Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>	<input type="checkbox"/> VA COMPENSATION OR PENSION
	<input type="checkbox"/> OTHER (specify _____)
	(Military, Federal Salary, VA and "Other" not available through Go Direct)
<input type="checkbox"/> ALLOTMENT (if applicable)	type _____ (amount) _____

C. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name(s) & account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check on reverse side)
** ACCOUNT NUMBER (see sample check on reverse side)	

** You may also attach a voided personal check.

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.	
SIGNATURE	DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.	
SIGNATURE	DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
_____	DOLLARS	
MEMO _____		
⑆123456789⑆ : 0123456789⑆ 0001		

Routing Number Account Number

(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



AUTHORIZED PAYMENT/WITHDRAWAL ORGANIZER

Use this form to identify and track the status of the authorized payment/withdrawals made from your bank accounts.

Authorization Switch Request

Before sending the Automatic Withdrawal Request Form:

1. Check with the company making the withdrawal to ensure no other forms are needed.
2. Complete and submit the Change of Automatic Withdrawal Form.
3. Maintain your old account at your previous bank until all of your pre-authorized withdrawals have been debited from your new United Southern Bank account.
4. Attach a voided check from your new United Southern Bank account with each Change of Automatic Withdrawal Form.

After you have submitted the Change of Automatic Withdrawal Form

1. Monitor your account by:
 - a. Calling our 24 Hour Telebanker 352-669-BANK (2265) or toll free 1-877-612-8725,
 - b. Log on to your United Southern Bank Online account at www.unitedsouthernbank.com.

Don't forget these types of payments:

(Use your current bill/statement or print your online bill payment information from your old bank to help in completing all withdrawal transfers.)

- Mortgage
- Vehicle
- Utility (telephone, cable, electric)
- Insurance Premiums
- Credit Cards
- Vendor Payment (business accounts)

Authorized Payment	Authorized Company Name	Last Payment Debited	Date Letter Mailed	Estimated Switch Date	Completed
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



SWITCH KIT

CHANGE OF AUTOMATIC WITHDRAWAL

Date

Name of Company Making Automatic Withdrawals

Street Address

City, State, Zip

To Whom It May Concern:

I have recently changed banks and need to update my automatic payment information. Please begin debiting my payment from my new United Southern Bank account:

Bank: **United Southern Bank** Bank Routing Number: **063105285**

Account Number _____

Account Type: Checking Savings

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at _____(phone number).

Thank you,

Name (Please Print)

Account or Identifying Number for Automatic Withdrawal

Amount of Withdrawal If It Is the Same Each Time

Address

City, State, Zip

Signature

Attach a voided check or deposit ticket from your new United Southern Bank account.



SWITCH KIT

BILL PAYMENT FORM

Use this form to list the information for the companies you wish to pay from your new United Southern Bank online bill payment account. Use your current bill/statement or print out your online bill payment information from your old bank to help in completing the information.

Biller Name: _____

Account Number: _____

Biller Address: _____ City, State, Zip: _____

Biller Phone #: _____ Amount of Payment if recurring: _____

Biller Name: _____

Account Number: _____

Biller Address: _____ City, State, Zip: _____

Biller Phone #: _____ Amount of Payment if recurring: _____

Biller Name: _____

Account Number: _____

Biller Address: _____ City, State, Zip: _____

Biller Phone #: _____ Amount of Payment if recurring: _____

Biller Name: _____

Account Number: _____

Biller Address: _____ City, State, Zip: _____

Biller Phone #: _____ Amount of Payment if recurring: _____

Biller Name: _____

Account Number: _____

Biller Address: _____ City, State, Zip: _____

Biller Phone #: _____ Amount of Payment if recurring: _____



SWITCH KIT

ACCOUNT CLOSING FORM

Use this form to request that account(s) you currently have at your former bank be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check or debit has cleared. You can also visit your former bank to close out your accounts.

To Whom It May Concern:

Date: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

If you have any questions regarding this request, please contact me at the phone number or address listed below. Thank you.

Please close the following accounts:

Checking #: _____ Account Owner(s) Name: _____

Checking #: _____ Account Owner(s) Name: _____

Savings #: _____ Account Owner(s) Name: _____

Savings #: _____ Account Owner(s) Name: _____

Money Market #: _____ Account Owner(s) Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone (Day): _____

Thank you for processing this request immediately.

Account Owner Signature _____

Account Owner Signature _____