

Switching Your Account to Ocean Bank

Follow the easy steps listed below to switch your checking or savings account(s) to Ocean Bank.

- 1) Open your new checking or savings account at Ocean Bank; stop by any of our convenient locations.
- 2) Stop actively using your former account.
- 3) Change all your direct deposits – Complete and print the Direct Deposit Authorization Form and send to each company or institution that makes direct deposits into your account.
- 4) Social Security direct deposit changes – Complete and print the SS government form, call 1-800-772-1213 or go to <http://fms.treas.gov/eft/1199a.pdf> to download forms required for change.
- 5) Make the necessary change to your automatic payment – Complete and print the Automatic Payment Change Form and send to each company that makes automatic withdrawals from your account.
- 6) Close your former bank account – Complete and print the Account Closure Form, and send it to your former bank for processing if applicable.
- 7) If you have any questions or need a copy of the forms, please call us at 305-442-2660 or 1-877-310-2265.
- 8) Welcome to the Ocean Bank Family.

Automatic Payment Change Form

Complete this form and send to each company that makes automatic withdrawals from your account. This form serves as notification that you have changed your account to Ocean Bank and you are requesting a change to your automatic withdrawal set-up that you presently have with them,

To (Name of Company making withdrawal):

Your Name:

Account Number with Company:

Your Address:

City:

State:

Zip Code:

Current Withdrawal Amount:

Previous Bank Name:

Routing Number:

Bank Account Number:

Payment for:

Please stop making withdrawals from this account on (MM/DD/YYYY):

Start making withdrawals from my new account on (MM/DD/YYYY):

New Bank Name:

New Routing Number:

New Bank Account Number:

Ocean Bank

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If you have any questions, please contact me.

Phone Number:

Day or Evening (please check one)

Signatures

X

Signature

X

Co-singer Signature

Name (please print)

Co-singer Name (please print)

Address:

City:

State:

Zip Code:

Complete and Print

Account Closure Form

Complete and send this form to your former bank to close your account.

Date: _____

Your Name: _____

Account Number: _____

Your Address: _____

City: _____	State: _____	Zip Code: _____
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Please close my account and send a check for the remaining balance to the address provided below:

If you have any questions, please contact me.

Phone Number: _____ Day or Evening (please check one)

Signatures

X _____ Signature	X _____ Co-signer Signature
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_____ Name (please print)	_____ Co-signer Name (please print)
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Address: _____

City: _____	State: _____	Zip Code: _____
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Complete and Print