



# *Switch Kit*

We understand the complexities that come with switching to a new financial institution, so we're making it easy for you! Simply complete these forms and send them to the appropriate contacts listed on each.



1 844 801 8380  
mysunshinebank.com

## Direct Deposit Authorization

1. Complete the form below and submit it to your employer's payroll department. You will need a form for each financial institution that you are currently using for payroll deposits.
2. Include a voided check for confirmation of your new account number and routing number.
3. Ensure that all pending transactions have cleared before closing your current account.
4. Keep a copy of this authorization for your records.

### REQUEST FOR CHANGE OF DIRECT DEPOSIT

#### EMPLOYER INFORMATION:

NAME

STREET ADDRESS

CITY, STATE, ZIP

#### EMPLOYEE / CUSTOMER INFORMATION:

NAME

STREET ADDRESS

CITY, STATE, ZIP

#### CURRENT FINANCIAL INFORMATION:

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

#### NEW FINANCIAL INFORMATION:

Sunshine Bank

BANK NAME

263185018

ROUTING NUMBER

ACCOUNT NUMBER

#### AUTHORIZATION:

By signing below, I authorize \_\_\_\_\_ (EMPLOYER) and Sunshine Bank to automatically deposit my payroll check into my account listed above. Please discontinue direct deposits to my previous account. This authorization is to remain in effect until you receive a written notice of termination from me.

I acknowledge that the origination of ACH transfers from my account must comply with applicable provisions of US law. This transfer is to be effective as of \_\_\_\_\_ (DATE).

SIGNATURE

PRINTED NAME

DATE



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## Automatic Payment Authorization

1. Complete the form below for each automatic payment you currently have scheduled. Send the completed form to each company with whom you have an automatic payment.
2. Include a voided check for confirmation of your new account number and routing number.
3. Ensure that all pending transactions have cleared before closing your current account.
4. Keep a copy of this authorization for your records.

REQUEST FOR CHANGE OF AUTOMATIC PAYMENTS	
<p><b>MERCHANT INFORMATION:</b></p> <p>_____ NAME</p> <p>_____ STREET ADDRESS</p> <p>_____ CITY, STATE, ZIP</p> <p>_____ CUSTOMER ACCOUNT NUMBER</p>	<p><b>CUSTOMER INFORMATION:</b></p> <p>_____ NAME</p> <p>_____ STREET ADDRESS</p> <p>_____ CITY, STATE, ZIP</p> <p>_____ PHONE NUMBER</p>
<p><b>CURRENT FINANCIAL INFORMATION:</b></p> <p>_____ BANK NAME</p> <p>_____ ROUTING NUMBER</p> <p>_____ ACCOUNT NUMBER</p>	<p><b>NEW FINANCIAL INFORMATION:</b></p> <p>Sunshine Bank _____ BANK NAME</p> <p>263185018 _____ ROUTING NUMBER</p> <p>_____ ACCOUNT NUMBER / TYPE OF ACCOUNT</p> <p><input type="radio"/> Checking <input type="radio"/> Savings</p>
<p><b>AUTHORIZATION:</b></p> <p>By signing below, I authorize _____ (MERCHANT) and Sunshine Bank to automatically debit my account for recurring automatic payment(s) on the due date. Please discontinue debits from my previous account. This authorization is to remain in effect until you receive a written notice of termination from me.</p> <p>I acknowledge that the origination of ACH transfers from my account must comply with applicable provisions of US law. This transfer is to be effective as of _____ (DATE).</p>	
<p>_____ SIGNATURE</p>	<p>_____ PRINTED NAME</p>
	<p>_____ DATE</p>