

Make the Switch to FirstAtlantic Bank today!

For help, please call or visit any FirstAtlantic Bank office, or go to www.bankfirstatlantic.com

Butler Pointe at Southpoint

4500 Salisbury Road, Ste. #160
Jacksonville, Florida 32216
Phone: 904-296-0110
Fax: 904-281-9270

Cobblestone Village

105 CBL Drive
St. Augustine, FL 32086
Phone: 904-494-0640
Fax: 904-824-2664

Normandy

5665 Normandy Blvd.
Jacksonville, Florida 32205
Phone: 904-253-6601
Fax: 904-781-1232

The Shoppes at Palencia Commons

7458 US 1 North, Ste. #101
St. Augustine, Florida 32095
Phone: 904-899-0456
Fax: 904-829-5390

Our easy-to-use switch kit makes it simple for you and your business to join FirstAtlantic Bank and start enjoying community banking with world class customer service and state-of-the-art technology.

Complete these forms and visit any FirstAtlantic Bank office today to open your account.

Step 1

- Get ready to switch
- Calculate your balances

Step 2

- Establish direct deposit
- Redirect automatic payments

Step 3

- Complete the switch kit checklist
- Close your existing account



FIRSTATLANTIC BANK

Get Ready to Switch

Identify automatic deposits and automatic payments that you'll be switching to FirstAtlantic Bank.

Your new FirstAtlantic Bank account information for quick reference:

FirstAtlantic Bank Account Number: _____

FirstAtlantic Bank ABA Routing Number: 063092770

FirstAtlantic Bank Address (check one):

4500 Salisbury Road, Ste. #160 • Jacksonville, Florida 32216

105 CBL Drive • St. Augustine, FL 32086

5665 Normandy Blvd. • Jacksonville, Florida 32205

7458 US 1 North, Ste. #101 • St. Augustine, Florida 32095

Use the most recent bank statement from your former account and list companies which have automatic deposits or payments through your account:

Automatic Deposits (i.e. payroll, social security, and dividend payments)

| Date | Company Name | Account Number | Deposit Amount* |
|------|--------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

*Amounts may vary

Automatic Payments (i.e. mortgage payments, insurance premiums and fitness club memberships)

| Date | Company Name | Account Number | Payment Amount* |
|------|--------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

*Amounts may vary

Record your former bank account number and ABA routing number for quick reference.

Former Bank Name _____

Account # _____ **ABA Routing #**** _____

Contact each company

Get the address of the main accounting office from each company where you should send the notice of change. Some companies have this information available on their website or billing statements. Make sure no other forms are required.

Calculate Your Balances

Balance your old account to determine the balance needed to cover outstanding checks, ATM withdrawals, debit card purchases and any other transactions.

Helpful Hints:

- Be accurate. Use all receipts and your last check register to identify items not on your statement.
- Don't close your former account immediately! It may take up to two statement cycles for all checks to clear.
- Need more space? If you have more than one account, please print additional forms as needed.

Former Bank Name: _____ **Account #:** _____

Enter the current balance from your most recent statement: \$ _____

List deposits that do not appear on the statement:

Date: ___/___/___ \$ _____

Date: ___/___/___ \$ _____

Date: ___/___/___ \$ _____

Add your current balance and recent deposits together:

1. \$ _____

List all outstanding checks, ATM withdrawals, debit card purchases and any automatic payments that do not appear on your statement:

Description: _____ Date: ___/___/___ \$ _____

Description: _____ Date: ___/___/___ \$ _____

Description: _____ Date: ___/___/___ \$ _____

Description: _____ Date: ___/___/___ \$ _____

Description: _____ Date: ___/___/___ \$ _____

Description: _____ Date: ___/___/___ \$ _____

Add up these outstanding items:

2. \$ _____

THIS IS THE AMOUNT YOU SHOULD LEAVE IN YOUR FORMER ACCOUNT

Subtract Amount 2 from Amount 1

Amount from **1** \$ _____

Amount from **2** \$ _____

\$ _____

THIS IS THE AMOUNT YOU CAN DEPOSIT INTO YOUR NEW FIRSTATLANTIC BANK ACCOUNT

Establish Direct Deposit

Request companies to redirect recurring automatic deposits such as payroll, Social Security, dividends, annuities, or other periodic distributions into your FirstAtlantic Bank account.

Follow these easy steps:

- Complete, sign and date this form.
- Attach a voided check from your new FirstAtlantic Bank account.
- Submit this form to each company/organization that is currently authorized to make automatic deposits to your account.
- Confirm that your automatic deposit is being deposited into your new FirstAtlantic Bank account by checking your FirstAtlantic Bank statement. Sign up and log onto your online account at www.bankfirstatlantic.com or call your branch.

Reminder

- Some companies or organizations, like the Social Security Administration, may require a special form. Contact the company or income source to make sure no other forms are required. For your reference, the Social Security Administration phone number is (800) 772-1213.
- Automatic deposits should take effect within three deposit periods. Keep your former account open until all automatic deposits have been switched to your FirstAtlantic Bank account. If you don't see the deposit by this time, please contact the company.

Company Name: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deposit be switched to my new account at FirstAtlantic Bank.

Name on account: _____

Identifying number with your company: _____

Address: _____

Phone Number: _____

Please switch my automatic deposits to this account: Checking Savings

FirstAtlantic Bank Account Number: _____

FirstAtlantic Bank ABA Routing Number: **063092770**

Effective: Immediate
 On ___/___/___

Address: 4500 Salisbury Road, Ste. #160 • Jacksonville, Florida 32216
(check one) 105 CBL Drive • St. Augustine, FL 32086
 5665 Normandy Blvd. • Jacksonville, Florida 32205
 7458 US 1 North, Ste. #101 • St. Augustine, Florida 32095

I authorize your company to initiate credit entries to my account at FirstAtlantic Bank. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please call me at the number listed above.

Signature: _____

Date: _____

Redirect Automatic Payments

Inform companies to have payments automatically deducted from your new FirstAtlantic Bank account. (i.e. mortgage, payments, insurance premiums, fitness club membership, etc.)

Follow these easy steps:

- Complete, sign and date this form.
- Attach a voided check from your new FirstAtlantic Bank account.
- Submit this form to each company/organization that is currently authorized to deduct automatic payments from your account.
- Confirm that your automatic payment is being deducted from your new FirstAtlantic Bank account by checking your FirstAtlantic Bank statement. Sign up and log onto your online account at www.bankfirstatlantic.com or call your branch. Automatic payments should take effect within three statement periods. Keep your former account open until all automatic payments have been switched to your FirstAtlantic Bank account. If you don't see the payments by this time, please contact the company.

Reminder

Some companies or organizations may require a special form. Contact the company or income source to make sure no other forms are required.

Company Name: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic payments be switched to my new account at FirstAtlantic Bank.

Name on account: _____

My account number with your company: _____

Address: _____

Phone Number: _____

Please switch my automatic payments from this account: Checking Savings

FirstAtlantic Bank Account Number: _____

FirstAtlantic Bank ABA Routing Number: **063092770**

Effective: Immediate

On ___/___/___

Address: 4500 Salisbury Road, Ste. #160 • Jacksonville, Florida 32216

(check one) 105 CBL Drive • St. Augustine, FL 32086

5665 Normandy Blvd. • Jacksonville, Florida 32205

7458 US 1 North, Ste. #101 • St. Augustine, Florida 32095

I authorize your company to initiate debit entries to my account at FirstAtlantic Bank. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please call me at the number listed above.

Signature: _____

Date: _____

Switch Kit Checklist

This form will help you verify the transactions you are moving to your new FirstAtlantic Bank account. As you request to transfer each automatic deposit or automatic deduction, use this form to determine when to follow up.

Automatic Deposits

Generally, automatic deposits take effect within three deposit periods. If you don't see the switch by then, contact the company.

Company Name: _____ **Phone Number:** _____

Date Request Made: ___/___/___ Estimated Completion Date: ___/___/___

Letter Mailed Called (who you spoke to): _____

Completed Notes: _____

Company Name: _____ **Phone Number:** _____

Date Request Made: ___/___/___ Estimated Completion Date: ___/___/___

Letter Mailed Called (who you spoke to): _____

Completed Notes: _____

Automatic Payments

Generally, automatic payments normally take effect within three withdrawal periods. If you don't see the switch by then, contact the company.

Company Name: _____ **Phone Number:** _____

Date Request Made: ___/___/___ Estimated Completion Date: ___/___/___

Letter Mailed Called (who you spoke to): _____

Completed Notes: _____

Company Name: _____ **Phone Number:** _____

Date Request Made: ___/___/___ Estimated Completion Date: ___/___/___

Letter Mailed Called (who you spoke to): _____

Completed Notes: _____

Company Name: _____ **Phone Number:** _____

Date Request Made: ___/___/___ Estimated Completion Date: ___/___/___

Letter Mailed Called (who you spoke to): _____

Completed Notes: _____

Need more space? If you have additional automatic deposits or payments, please print additional forms as needed.



How and when to notify your former bank

Follow these easy steps:

Complete, sign and date this form. If you have more than two (2) accounts, please print additional forms as needed.
Send this form to your former bank after all outstanding checks, automatic payments and automatic deposits have cleared.

Former Bank Name: _____**Former Bank Address:** _____
_____**To Whom It May Concern:**Please close my bank account(s) as described below: Effective: Immediately On ___/___/___**Account #1**

Name on account: _____

Account number: _____ Checking Money Market SavingsPlease send the balance of this account by: Official Check* Wire Transfer*Please close my bank account (s) as described below: Effective: Immediately On ___/___/___**Account #2**

Name on account: _____

Account number: _____ Checking Money Market SavingsPlease send the balance of this account by: Official Check* Wire Transfer***Mailing Instructions for Official Check**

Name: _____

Address: _____

Wire Transfer Instructions*

Receiving Credit Bank: FirstAtlantic Bank

FirstAtlantic Bank Routing #: 063092770

Beneficiary's Name: _____ Receiving Account #: _____

Beneficiary's Address: _____

Signature: _____ **Date:** _____**Signature:** _____ **Date:** _____

(if needed)