

---

## Account Switch Kit

We know how busy you are, so we have made it very convenient for you to switch your accounts to SL Bank. Follow the three easy steps in this switch kit and allow us to become “your” bank.

### Changing banks can be as easy as 1,2,3!

---

1

#### OPEN A BANK ACCOUNT

- Open your account at any branch location.
- Stop using your old account and let checks and debit card transactions that you have made to clear. (Approximately 2-3 weeks).

2

#### TRANSFER YOUR DIRECT DEPOSITS AND AUTOMATIC PAYMENTS

Use our [Account Inventory Checklist](#), and [Direct Deposit Change Form](#) to redirect your direct deposits and automatic payments.

3

#### CLOSE YOUR OLD ACCOUNT

- Fill out the [Account Closure Request Form](#) to instruct your old bank to close your account or visit the bank in person. The bank will send a check for any remaining balance per your provided instruction.
- Keep all closing statements for your records.



---

## Direct Deposit Change Form

Complete this form and submit to your employer's Human Resources or Payroll department.

I (Name) \_\_\_\_\_

hereby authorize and instruct \_\_\_\_\_  
(Company)

to deposit the amount of each of my payroll deposits directly into my bank account at South  
Lafourche Bank as listed below:

Account # \_\_\_\_\_

ABA Routing #065401673

Effective Date: \_\_\_\_\_

I acknowledge that the origination of these transactions must comply with the provisions of U.S.  
law. If you have any questions or if there is a penalty or fee please contact me at:

\_\_\_\_\_  
(Phone)

Thank you for your attention in this matter.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**ATTACH SLB VOIDED CHECK HERE**



## Account Inventory Checklist

Use this page to help identify important information to make switching your account to South Lafourche Bank stress-free.

### South Lafourche Bank

Name and Address: 13226 West Main Street, Larose, La 70373 • 985.693.3174

Routing Number: 000000000

Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_



## Direct Deposit Information

CHECK IF APPLIES	AUTOMATIC DEPOSITS	ACCOUNT #	AMOUNT	DATE CONTACTED	DATE COMPLETE
	Employer (s) Payroll				
	Government Deposit (Social Security)				
	Pension(s)/Retirement Plans				
	Investments/Brokerage Deposits				
	Transfers From Other Bank Accts (Savings to Checking, etc.)				
	Other				

## Automatic Payments/Transfers

CHECK IF APPLIES	TYPE OF AUTOMATIC PAYMENT OR TRANSFER	ACCOUNT #	AMOUNT	DATE CONTACTED	DATE COMPLETE
	Mortgage/Rent				
	Car Payment				
	Insurance				
	Gas				
	Electric				
	Water				
	Phone				
	Cell Phone				
	Cable/Satellite TV				
	Garbage				
	Internet Provider				
	Health Club Membership				
	Credit Cards				
	Department Store/Retail Cards				
	Daycare				
	Investments				
	IRA/Retirement				
	Church or Non-Profit Contributions				
	Other				
	Other				

## Account Closure Request

Complete this form to request that your current bank account be closed. Once completed, mail the form(s) directly to your current bank, or visit the bank in person.

Dear Sir or Madam,

I hereby request that the following account(s) with you be closed:

Account Number \_\_\_\_\_  
 Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Account Number \_\_\_\_\_  
 Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Account Number \_\_\_\_\_  
 Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Account Number \_\_\_\_\_  
 Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Please prepare a cashier's check for the balance of my account payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have any questions or if there is a penalty or fee please contact me at;

\_\_\_\_\_  
*(Phone)*

Thank you for your attention to this matter.

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Joint Account Holder Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date