



Moving Your Money Is Easy!

Thank you for choosing **Capitol National Bank** for your banking solutions. There is a lot to think about when moving your accounts, so we have made it easy with the attached forms!

The switch is a snap with these easy steps...

Open Your New Account With Us

Start by filling out our **New Account Information Form**. Then begin phasing out your existing account(s). Just leave enough funds for all your remaining checks/payments to clear. Shred your unused checks, ATM/debit cards, and deposit slips.

Direct Deposit Form

Redirect your existing direct deposits or initiate a direct deposit to your new account. Send the form(s) to all depositors and include your new deposit slip or a voided check with your form.

Automatic Withdrawal Form

Redirect your automatic withdrawals to your new account. Send the form(s) to all companies that you wish to change/add an automatic withdrawal. Remember those that use your old debit card number.

Closed Account Request Form

Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals, complete the Closed Account Request Form and send it to your old bank. They will mail you a check for your remaining balance.

It's that easy! We want your business and we'll work hard to earn it! Relationships are what set us apart from other banks. If you need any assistance, please give us a call or stop in.

Please be prepared to provide Capitol National Bank with the following document(s):

State issued photo identification for each signer

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, and the theft of your identity, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, tax identification number (social security number or employer identification number), date of birth, and possibly other information that will allow us to identify you. We must also ask to seek your driver's license or other identifying documents.

In all cases, protection of a customer's identity and confidentiality is our goal.

200 Washington Square N · Lansing, MI 48933 · Ph: 517.484.5080 · Fax: 517.374.2559
www.capitolnational.com





New Account Information Form

Individual Account

Joint Account

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone

Work Phone

Email Address

Social Security Number

Driver's License

Exp. Date

Date of Birth (mm/dd/yyyy)

Employer

Position/Occupation

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone

Work Phone

Email Address

Social Security Number

Driver's License

Exp. Date

Date of Birth (mm/dd/yyyy)

Employer

Position/Occupation

I would like to open:

Checking N.O.W. Checking Statement Savings CD IRA

Money Market Account Health Savings Account

I/we would like an ATM/CheckCard. # of cards: _____

I/we would like free online access to account(s).

Please note that Primary and Joint account holders will need to sign an official account form in person at our office before the account can be opened. Upon completion of this form, please email it to ebank@capitolnational.com, bring it with you to Capitol National Bank, or fax it to 517.374.2559. The purpose of this form is to begin the application process. Use additional pages for additional signers. All applications are subject to approval.

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Direct Deposit Form

Social Security • Payroll & Commissions • Retirement Plan Dividends • Child Support

Send this form to all of your current direct deposit contacts to redirect your deposits. If you do not currently have direct deposit, start today by filling out the information below, including your new account number, and sending it to your direct deposit contacts. Include your new deposit slip or a voided check with your form.

Date: _____
Depositor's Name: _____
Address: _____
City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my direct deposit transferred into my new account.

Currently deposited into my account with:

Current Bank: _____
Account Number: _____
Routing Number: _____

- Please redirect my direct deposit into my new account with:
- Please set up a new direct deposit into my new account with:

New Bank: **Capitol National Bank**
Account Number: _____
Routing Number: **072413450**
Special Instructions: _____

If you have any questions, please don't hesitate to call me at _____. Thank you.

Sincerely,

Signature: _____
Print Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____

Other information that may be needed (SSN, ID#, etc.): _____





Automatic Withdrawal Form

Utilities • Internet Service Providers • Loans • Vendors • Account Transfers

Send this form to all companies you currently have automatic withdrawals set up with. Don't forget those that use your old debit card number and automatic payments made online. You may also use this form to set up new withdrawals.

Date: _____

Withdrawal Company Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my automatic withdrawal transferred to my new account.

Currently withdrawn from my account with:

Current Bank: _____

Account Number: _____

Routing Number: _____

Payment/Reason For: _____

Date Withdrawn: _____

- Please redirect my withdrawal to my new account with:
- Please set up a new withdrawal from my account with:

New Bank: **Capitol National Bank**

Account Number: _____

Routing Number: **072413450**

Special Instructions: _____

If you have any questions, please don't hesitate to call me at _____. Thank you.

Sincerely,

Signature: _____

Print Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

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Closed Account Request

Date: _____

Old Bank's Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

Please close the following account # _____ and send me a check for the remaining balance to the address below.

If you have any questions, please don't hesitate to call me at _____. Thank you.

Sincerely,

Signature: _____

Print Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Co-Signer Signature: _____

Print Name: _____

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