



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.

Merchant Services Form

Redirect your existing merchant services deposits to your new account. Send the form to your merchant services provider and include your new deposit slip or a voided check with your form.

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
Articles of Incorporation
Articles of Organization
Copy of filed SS4
By-Laws

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 see 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





Commercial New Account Information Form

- Sole Proprietorship Limited Liability Company Corporation Club/Organization
- Other (please state) _____

Registered Name _____

Physical Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Business Phone _____ Business Fax _____

Federal Tax Identification Number _____

Contact Name _____ Phone Number _____

Contact Email Address _____

Authorized Signers and Titles

| | |
|--|--|
| | |
| | |
| | |

I would like to open:

- Business Checking Business NOW Account Statement Savings CD
- Community Plus Money Market Account

I/We would like a Business Check Card. # of cards: _____ (Card is not applicable for savings or money market accounts.)

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

I/we are interested in Cash Management for our business.

Please note that all account holders will need to sign an official account form, as well as verify their identity. 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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Merchant Services Form

Send this form to your current merchant services provider to redirect your deposits to your new account. If you do not currently have merchant services, we will be happy to help you apply.

Date: _____
Merchant Services Provider: _____
Address: _____
City, State, Zip: _____

To Whom It May Concern:

This letter serves as a request to have my merchant services deposits transferred to a different account.

Currently deposited into my account with:

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

Please redirect my merchant services 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.): _____

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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: _____





Online Banking and Bill Pay Sign-Up

www.capitolnational.com

View all your accounts, see if checks have cleared, transfer funds, pay bills, and more anytime, anywhere with Online Banking and Bill Pay. Go to our website and sign up today!

Print your existing payee screens to use as a reference when setting up your new online bill pay service, or use this helpful form. Please see one of our personal bankers for information and assistance on this convenient banking service.

Payee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Account Number: _____

Payee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Account Number: _____

Payee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Account Number: _____

Payee Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Account Number: _____

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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: _____