

Make the switch!

The Common Sense Switch Kit *As easy as 1-2-3!*

By making the switch to Southern States Bank, you are not only committing to receiving the best banking experience, you are committing to a relationship with your banker. Southern States Bank is dedicated to serving the communities we are in with bankers you know and trust, and committed to making sure our products fit your financial needs. And as part of our commitment to you, we don't want you to worry about changing your banking relationship...that's our job!

For your convenience, our Common Sense Switch Kit has the necessary forms to make changing your banking relationship as easy as 1-2-3.

1. Print and complete the appropriate forms
2. Bring a valid drivers license and Social Security number for each signer
3. Stop by one of our banking facilities with all the completed forms and identification to start your Southern States Bank relationship today!



“The Common Sense Bank”

www.southernstatesbank.net



"The Common Sense Bank"

Direct Deposit Change Form

Date: _____

Company Name: _____

Company Address: _____

To Whom It May Concern:

Please change the direct deposit being made to my account at the following institution:

Bank Name	Routing Number	Account Number
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As of ___/___/___, this direct deposit should be sent to my account at Southern States Bank:

Southern States Bank	062206622	
Bank Name	Routing Number	Account Number

Should you have any questions, please contact me at _____.
Daytime Phone Number

Thank you,

Owner Signature	Printed Name	Social Security Number
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Attach a voided, personalized Southern States Bank check in the space provided below.



"The Common Sense Bank"

Automatic Payment Change Form

Date: _____

Business Name: _____

Business Address: _____

Re: Account _____

To Whom It May Concern:

This is an authorization to change my automatic monthly payment from my checking account

_____ at _____. Below is my Southern States Bank routing number and account number for my automatic payment.

Routing Number: 062206622

Account Number: _____

Please begin making the deduction on my next billing cycle. Please contact me with any questions at

_____.

Thank you,

Owner Signature

Printed Name

Date



"The Common Sense Bank"

Close Account Authorization Form

Date: _____

Bank Name: _____

Bank Address: _____

Mailing Address

City

State

ZIP

To Whom It May Concern:

This letter is authorization to close account _____ in the name(s) of

_____. Please send a check for the remaining balance to:

Southern States Bank

Should you have any questions, please contact me at _____.

Thank you,

Owner Signature

Printed Name

Date