LANDMARK NATIONAL BANK

Make the Switch!

Thanks for choosing Landmark National Bank! With just a few easy steps, you can transfer any existing direct deposits or automatic payments with this kit. No matter where your journey takes you, we'll go with you. Let's get started!

Open Your Landmark account.

You can open your account online here, or visit any of our 30 branches.

Get Organized.

Use the form on the next page to get all of your previous financial accounts organized.

Move your Direct Deposits to Landmark.

Send a Direct Deposit Authorization Form to your employer, so your funds will be automatically deposited to your account. If you have more than one direct deposit, complete a form for each source.

Move your automatic payments.

Switch any automatic payments you have (utility payments, loan payments, gym memberships, etc), so they'll come out of your new Landmark account. Simply complete an Automatic Payment Cancellation Letter and send it to each of your creditors.

Close your old account.

Make sure all of your checks and automatic payments have cleared your old account before you close it. Then, use our Account Closing Letter to notify your other bank to close your account and disburse any remaining funds to you.

Member FDIC

Organize Your Finances.

List all companies with Direct Deposits and Automatic Payments

You may want to reference the most recent bank statement from your old bank to make sure you have a complete list. You'll also need the statements or payment information (payment addresses, account numbers and payment amounts) for any of the automatic payments.

Direct Deposits/Payroll

Company Name	Deposit Amount	Frequency

Automatic Payments

Company Name	Payment Amount	Frequency

Before you close your account at your old bank, you'll want to make sure all of the deposits and payments listed above have cleared.

Member FDIC

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DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form, sign it, and take it to your employer's payroll department to authorize direct deposit of your payroll check. Please contact your payroll department if you have any questions about their process.

Customer Name

Address

City State Zip

Please have my payroll deposit automatically deposited into the following account:

Checking Account Number:
Savings Account Number:
Landmark National Bank Routing Number: **301171007**

I authorize _____ (company name) and my bank to automatically deposit my payroll check into the account listed above. This includes the authorization to correct entries made in error. This authorization will remain in effect until I give written notice to cancel it.

Customer Signature Date

Landmark National Bank

Member FDIC

AUTOMATIC PAYMENT REQUEST

Complete a copy of this form for each automatic payment you want to pay from your Landmark account, sign it, and provide it to the billing company.

Company Information		
Company Name		
Company Street Address	City, State	Zip

To Whom It May Concern: I have changed financial institutions and would like to have my automatic withdrawal/payment changed to my new account at Landmark National Bank.

Payment Information		
Account Number:	Payment Date:	Payment Amount:

Previous Financial Institution	
Previous Financial Institution Name:	
Previous Routing Number :	Previous Account Number:

New Landmark National Bank Account Information	
Please start making automatic payments/withdrawals from the following Landmark National Bank account:	
Landmark National Bank Routing Number:	301171007
Landmark National Bank Account Number:	

Thank you for your prompt attention to this request. If you have any questions, please contact me as soon as possible.

Customer Signature Date

ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Remember to keep enough funds in your account until your last payment or check has cleared.

Former Financial Institution		
Bank Name:		
Bank Street Address	City, State	Zip

To Whom It May Concern,

Please accept this letter as my authorization to close my bank account(s) listed below with your institution and issue a Cashier's Check in my name for the remaining balance, along with all accrued interest if applicable.

Account Type	Account Number	Account Owner Name(s)

Please send all closing balances to:

Name:		
Street Address	City, State	Zip
Phone Number		

Primary Account Owner Signature Date

Secondary Account Signature Date