

SWITCH TO SEACOAST NATIONAL BANK ORGANIZER

Use this page to keep track of all the information you need to switch automatic payments and deposits to your new Seacoast National account.

Your Seacoast National Account Number: _____
 Your Seacoast National Routing Number: _____

	Company Name	Date Letter Mailed	Estimated Switch Date (assume 2 months)	Status
Direct Deposits:	1.			
	2.			
	3.			
Automatic Payments:	1.			
	2.			
	3.			
	4.			
	5.			
Close Old Account: (make sure all of your outstanding checks have cleared.)	Outstanding check Payable to:	Outstanding Check #:	Outstanding Check Amount:	Date Cleared:
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			



PERSONAL CHECKING

WHEN YOU'RE READY TO SWITCH YOUR PERSONAL CHECKING TO SEACOAST, YOU CAN APPLY BY:

MAIL Complete this form and mail to:
Seacoast National Bank, Telephone Banking
PO Box 9012, Stuart, FL 34995

VISIT a branch office where a
customer service representative can
help you open your new account.

PHONE Telephone Banking
Center at 800-706-9991.

ACCOUNT INFORMATION

- FREE CHECKING** **MONEY MARKET**
 CLASSIC CHECKING **SAVINGS**
 PREMIUM CHECKING **OTHER** _____

Name _____

Address _____

City, State, Zip _____

Day Phone _____

Evening Phone _____

Social Security Number _____

Date of Birth _____

Driver's License # or State Issued ID: _____

Issue Date _____ Expiration Date: _____

2nd Form of ID # (credit card, passport, etc): _____

Issue Date _____ Expiration Date: _____

Joint Applicant Information

Name _____

Address _____

City, State, Zip _____

Day Phone _____

Evening Phone _____

Social Security Number _____

Date of Birth _____

Driver's License # or State Issued ID: _____

Issue Date _____ Expiration Date: _____

2nd Form of ID # (credit card, passport, etc): _____

Issue Date _____ Expiration Date: _____

CHECK ORDER INFORMATION

- I AM INTERESTED IN ONLINE BANKING**
 I AM INTERESTED IN A VISA CHECK CARD
 I AM INTERESTED IN MORE INFORMATION ABOUT OTHER SEACOAST NATIONAL BANK PRODUCTS

Information to be printed on your checks:

Name (s) _____ Phone _____

Address _____ Please specify the Seacoast branch office you will use most often:

City, State, Zip _____

The following is a checklist of the steps that you should consider, if applicable, when closing your current checking account.

- Notify companies who have automatic payment authorizations of your new account (i.e. AOL, or loan payments).
 Write a check from your old account for the opening deposit. Make sure all checks have cleared before closing your old account. Or, if you'd prefer, a Seacoast National representative can assist you with the collection of funds from your old account.

Please mail this completed form to Seacoast National Bank, Telephone Banking, PO Box 9012, Stuart, FL 34995. A signature card will be sent to you pending the processing of your application. Simply sign the signature card and return it as instructed to complete the application process.

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and Federal law.



BUSINESS CHECKING

WHEN YOU'RE READY TO SWITCH YOUR BUSINESS CHECKING TO SEACOAST, YOU CAN APPLY BY:

MAIL Complete this form and mail to:
Seacoast National Bank, Telephone Banking
PO Box 9012, Stuart, FL 34995

VISIT a branch office where a
customer service representative can
help you open your new account.

PHONE Telephone Banking
Center at 800-706-9991.

BUSINESS ACCOUNT INFORMATION

SOLE PROPRIETORSHIP

CORPORATION

OTHER _____

Business Name _____

Address _____

City, State, Zip _____

Day Phone _____

Evening Phone _____

Tax Identification No. _____

Current Bank _____

Authorized Signers (8 maximum)

Name Social Security No. Date of Birth

1. _____

DL# _____ Issued _____ Expired _____

2nd ID _____ Issued _____ Expired _____

2. _____

DL# _____ Issued _____ Expired _____

2nd ID _____ Issued _____ Expired _____

3. _____

DL# _____ Issued _____ Expired _____

2nd ID _____ Issued _____ Expired _____

4. _____

DL# _____ Issued _____ Expired _____

2nd ID _____ Issued _____ Expired _____

5. _____

DL# _____ Issued _____ Expired _____

2nd ID _____ Issued _____ Expired _____

CHECK ORDER INFORMATION

I AM INTERESTED IN ONLINE BANKING

I AM INTERESTED IN MERCHANT SERVICES

I AM INTERESTED IN A VISA BUSINESS CHECK CARD

I AM INTERESTED IN CASH MANAGEMENT SERVICES

I AM INTERESTED IN COURIER PICK UP FOR NON-CASH DEPOSITS

Information to be printed on your checks:

Business Name _____ Phone _____

Address _____ Please specify the Seacoast branch office you will use most often:

City, State, Zip _____

Copies of documents may be required, such as Articles of Incorporation

CHECK ORDER INFORMATION

The following is a checklist of the steps that you should consider, if applicable, when closing your current checking account.

Notify companies who have automatic payment authorizations of your new account (i.e. AOL, or loan payments).

Write a check from your old account for the opening deposit. Make sure all checks have cleared before closing your old account. Or, if you'd prefer, a Seacoast National representative can assist you with the collection of funds from your old account.

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CHANGE OF INSTRUCTION FOR AUTOMATIC DEPOSIT

Date: _____
To: _____
Address: _____
City, State, Zip: _____

Dear Sir or Madam:

I have recently changed banks and will need to have my automatic deposit switched immediately from my old account to my new account with Seacoast National.

My personal information is as follows:

Name: _____
Social Security Number: _____
My account # with your organization: _____

I currently have my automatic deposit going to:

Financial Institution: _____
Account Number: _____
Bank Routing Number: _____

Please change this to my new account with Seacoast National as soon as possible:

Type of Account (Checking or Savings): _____
Account Number: _____
Bank Routing Number: _____

If you need additional information, please contact me at:

Phone: _____
Name: _____
Address: _____
City, State, Zip: _____

Thank you.

Sincerely,

Enclosed: New updated voided check



DIRECT DEPOSIT

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1199A
(March 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

Call 1 (800) 333-1795 to sign up by telephone.

DIRECTIONS

You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

PLEASE NOTE: In many cases, you can also sign up for Direct Deposit by telephone. Toll-free numbers are listed below:

Social Security Administration

(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management

(888) 767-6738
(800) 878-5707 TDD

Railroad Retirement Board

(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Department of Veterans Affairs

(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (<i>last, first, middle initial</i>)		
YOUR NAME (<i>if different from above</i>)		
YOUR ADDRESS (<i>street, route, P.O. box, apartment number</i>)		
CITY (<i>or APO/FPO</i>)	STATE	ZIP CODE
YOUR TELEPHONE NUMBER () - -		
SOCIAL SECURITY NUMBER OR CLAIM NUMBER (<i>of person entitled to payment</i>) - - - - -		

B. TYPE OF PAYMENT

(*check only one*)

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> FED. SALARY	<input type="checkbox"/> MILITARY (<i>specify below</i>)
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>	
<input type="checkbox"/> RAILROAD RETIREMENT	<input type="checkbox"/> OTHER (<i>specify</i>) _____	
<input type="checkbox"/> CIVIL SERVICE RETIREMENT		
<input type="checkbox"/> VA COMPENSATION OR PENSION	<input type="checkbox"/> ALLOTMENT (<i>if applicable</i>) (<i>type</i>) _____ (<i>amount</i>) _____	

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
9-DIGIT ROUTING NUMBER (<i>see sample check on reverse side</i>) 		
ACCOUNT NUMBER (<i>see reverse side</i>) 		

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE

DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE

DATE

CHANGE OF INSTRUCTION FOR AUTOMATIC PAYMENT

Date: _____
To: _____
Address: _____
City, State, Zip: _____

Dear Sir or Madam:

I have recently changed banks and will need to have my automatic payment switched immediately from my old account to my new account with Seacoast National.

My personal information is as follows:

Name: _____
Social Security Number: _____
My account # with your organization: _____

I currently have my automatic payment coming out of the following account:

Financial Institution: _____
Account Number: _____
Bank Routing Number: _____

Please change this to my new account with Seacoast National as soon as possible:

Type of Account (Checking or Savings): _____
Account Number: _____
Bank Routing Number: _____

If you need additional information, please contact me at:

Phone: _____
Name: _____
Address: _____
City, State, Zip: _____

Thank you.

Sincerely,

Enclosed: New updated voided check



CLOSE ACCOUNT

Date _____

Bank's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Please close the accounts listed below, and send me a check for the remaining balance and any interest to the address listed below.

Seacoast National Bank
Attn: Telephone Banking Center
P.O. Box 9012
Stuart, FL 34995

If you have any questions about this request, please contact me during the **DAY / EVENING** (*circle one*)
at (_____) _____ (*phone number*).

Account Number(s)

Checking Account(s) _____

Savings Account(s) _____

Money Market Account(s) _____

Certificate of Deposit(s) _____ (*Maturity Date*) _____

Please close my CD upon maturity.

Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.

Thank you.

Sincerely,

Signature _____

Name (*please print*) _____

Address _____

City, State, Zip _____

Co-Signer Signature _____

Co-Signer Name (*please print*) _____

