South Atlantic

Bank

COMPLETE THE SWITCH IN 1, 2, 3

1|

SET UP DIRECT DEPOSIT TO YOUR NEW ACCOUNT

Redirect your Direct Deposit from your old bank account to your new South Atlantic Bank account by filling out our Direct Deposit Authorization Form on page 2, and delivering it to your employer's HR department or payroll team member.

You may be able to accomplish this over the phone. Our Direct Deposit Authorization Form also includes information for setting up direct deposit to accept government payments like Social Security.

2

CHANGE RECURRING TRANSACTIONS TO INCLUDE YOUR NEW ACCOUNT INFO

Take a look at your past month of transactions, and use our checklist on page 3 to write down those that withdrew payments automatically. You may want to note whether these payments are being withdrawn through your debit card, Bill Pay, or straight from your account.

You may be able to change much of this information online or over the phone. If not, you may present the Automatic Withdrawal Change Form on page 4 to the withdrawing company.

3

CLOSE YOUR OLD ACCOUNT

Leave enough money in your old account for any recurring transactions or pending charges. Once you've verified that all outstanding items have cleared and all your automatic deposits and withdrawals have been updated, you're ready to close your old account.

Fill out our Close Account Form on page 6 and deliver it to your current bank. Your bank may digitally transfer your remaining funds into your new SAB account or write you a check for the remaining amount. Keep all closing statements from your old bank for your records. Don't forget to empty your safe-deposit box, turn in your key, cut up your old debit cards and collect your remaining balance, if applicable.

Your previous bank may require you to complete additional account closure documents.

DIRECT DEPOSIT AUTHORIZATION FORM

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South Atlantic Bank makes setting up direct deposit easy with this convenient form. There are two types of direct deposit enrollment available: Federal Government Benefit Compensation and Payroll Compensation. Steps to enroll in each are outlined below.

1. FEDERAL GOVERNMENT BENEFIT COMPENSATION

To sign up for direct deposit of your federal benefit payments such as Social Security, SSI or VA Compensation and Pension Payment:

- Go to the U.S. Department of the Treasury website: **www.godirect.org**, or
- Enroll by phone by calling the U.S. Department of the Treasury toll-free at: 1-800-333-1795

You'll need your:

- Social Security Number or claim number
- 12-digit federal benefit check number
- South Atlantic Bank's Routing Transit Number: 053208260
- South Atlantic Bank Account Number:
- Amount of most recent federal benefit check Type of Account: 🗌 Checking 🗌 Savings

2. PAYROLL COMPENSATION

Complete and sign this direct deposit form and give it to your employer's payroll representative – it's that easy!

EMPLOYEE NAME AND ADDRESS:

EMPLOYEE PHONE NUMBER:

EMPLOYEE ID: (if applicable)

EMPLOYEE SOCIAL SECURITY NUMBER:

Please begin directly depositing my payroll and/or dividend or annuity check into my account at South Atlantic Bank.

DIRECT DEPOSIT THE FOLLOWING:

Total net check amount

The set amount of \$ ______ of my net check each period

BANK NAME:

South Atlantic Bank

ADDRESS:

630 29th Avenue North, Myrtle Beach, SC 29577 PO Box 70130, Myrtle Beach, SC 29572

SOUTH ATLANTIC BANK ROUTING TRANSIT NUMBER: 053208260

SOUTH ATLANTIC BANK ACCOUNT NUMBER:

TYPE OF ACCOUNT:

EMPLOYEE SIGNATURE

DATE

SWITCH KIT TRANSFER CHECKLIST

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This checklist is to help keep track of direct deposits and automatic transactions that you will be switching to South Atlantic Bank.

List all companies with direct deposits and recurring withdrawals. After you switch them over to your new account, check the box in the far right column. You may want to have your most recent bank statement from your old bank for reference. List statements/information for utility payments, loan payments, health club memberships, TV subscriptions, etc. you have set up with your old account.

COMPANY NAME	ACCOUNT NUMBER	AMOUNT	PAYMENT FREQUENCY	~
				•
				_
				_
LS				
COMPANY NAME	ACCOUNT NUMBER	AMOUNT	PAYMENT FREQUENCY	\checkmark
				_
				_
				_

AUTOMATIC WITHDRAWAL CHANGE FORM

Bank .

DATE	
ACCOUNT NAME	
To whom it may concern at(com You are currently withdrawing \$f	
CURRENT BANK:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
FOR:	
ON:	
If you have any questions, please let me know. Thank you	!
Sincerely,	
NAME ON ACCOUNT	
PRIMARY SIGNATURE	PRIMARY'S PRINTED NAME
PRIMARY SIGNATURE SECONDARY SIGNATURE (if applicable)	PRIMARY'S PRINTED NAME SECONDARY PRINTED NAME (if applicable)

CLOSE ACCOUNT FORM

DATE
ACCOUNT NAME
CURRENT BANK ADDRESS
CITY, STATE, & ZIP
ACCOUNT NUMBER
To whom it may concern,
Effective, please close the following personal checking or savings account:
and send a check for the remaining balance to the address below.
If you have any questions, please let me know. Thank you!
Sincerely,
PRINTED NAME OF PRIMARY ACCOUNT OWNER
PRIMARY SIGNATURE
PRINTED NAME OF SECONDARY (if applicable)
SECONDARY SIGNATURE (if applicable)
PHONE NUMBER

MAILING ADDRESS