



COMMUNITY NATIONAL
BANK & TRUST OF TEXAS

“My Community. My Bank.”®

Switch Kit

Switching to Community National Bank & Trust is easy.
We’ve provided the necessary steps and forms you need to join our banking family!

Step 1: **Open your new account with CNB&T**

Visit any of our 13 bank locations to open your account with a Customer Service Representative. They will help you find the account that will best meet your needs. Then, you will also be able to set up the benefits of online banking and bill pay.

Step 2: **Transfer automatic payments and direct deposits to CNB&T**

Use the following forms provided to transfer automatic payments and direct deposits: *Direct Deposit of Federal Benefits Payment, Payroll Direct Deposit, Automatic Direct Deposit and Automatic Payment Request.*

Step 3: **Close your old account**

It’s easier than you think. Just allow time for all outstanding checks, debit card purchases and automatic payments to clear your old account. We have provided a *Reconciliation Checklist* to help you track these outstanding funds. Once all outstanding funds have cleared, instruct your previous financial institution to close your account. If you have online bill pay with your previous financial institution, make a list of your payees including account numbers.



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Locations

Main Office and ATM

321 North 15th Street
Corsicana, TX 75110
903.654.4500

287/Mildred Location

3401 South Highway 287
Corsicana, TX 75110
903.874.7444

Buffalo Location

906 North Buffalo Avenue
Buffalo, TX 75831
903.322.8800

Burleson Location

2500 SW Wilshire Blvd.
Burleson, TX 76028
817.710.8888

Fairfield Location

101 North Mount Street
Fairfield, TX 75840
903.389.2265

Frost Location

400 North Garitty Street
Frost, TX 76641
903.682.2235

Lake Worth Location

400 North Garitty Street
Frost, TX 76641
903.682.2235

Mineral Wells Location

101 SE 1st Ave.
Mineral Wells, TX 76067
940.325.7821

Poosum Kingdom Location

1404 Park Road 36
Graford, TX 76449
940.779.4061

Red Oak Location

102 Ranch Rd.
Red Oak, TX 75154
972.617.8700

Richland Chambers Location

548 FM 416
Streetman, TX 75859
903.599.2265

Weatherford Location

1901 Wall Street
Weatherford, TX 76086
817.599.4321

White Settlement

9636 White Settlement Rd.
Fort Worth, TX 76108
817.546.1545

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives direct deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by direct deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by direct deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the person receiving the payment.

Your financial institution may cancel your direct deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the direct deposit authorization was cancelled.

Please contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*

Department of Veterans Affairs

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

Railroad Retirement Board

(Automated System)
(877) 772-5772
(312) 751-4701 TTY

Social Security Administration

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

Office of Personnel Management

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

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



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Payroll Direct Deposit Form

If your employer offers direct deposit, just complete this simple form. Give it to your employer along with a voided check from your new account with CNB&T.

Employee Name _____ Social Security Number or Employee Number _____

Address _____ City, State _____ Zip Code _____

Phone Number _____

Please change my payroll direct deposit to my new account with Community National Bank & Trust:

Type of Account (Checking or Savings) _____

Account Number _____ 111920765 _____
Bank Routing Number

I authorize my employer, _____, (company name) to deposit my paychecks directly into my CNB&T account indicated above.

Employee Signature _____

Date _____



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Automatic Direct Deposit

If you have any automatic direct deposits other than your payroll or federal check then fill out this form and provide it to your direct deposit provider. Verify with your direct deposit provider if there is any additional information necessary to complete the change of your automatic direct deposits.

Company Name

Account Holder's Name

Account Holder's Address

City, State

Zip Code

Please change my direct deposit to my new account with Community National Bank & Trust:

Type of Account (Checking or Savings)

Account Number

111920765

Bank Routing Number

I authorize _____, (Company Name) to initiate credit entries to my CNB&T account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to action.

Authorized Signature

Date



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Automatic Payment Request

In order to move automatic payments such as cable or utility bills to your new account, complete this form and provide it to your Payee along with a voided check. Verify with your Payee if there is any additional information necessary to complete the change of your automatic payment to your new account.

Company Name

Account Holder's Name

Phone

Address

City, State

Zip Code

Please change my automatic payment to my new account with Community National Bank & Trust:

Type of Account (Checking or Savings)

Account Number

____111920765_____
Bank Routing Number

I authorize _____, (Company Name) to initiate debit entries from my CNB&T account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Authorized Signature

Date



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Reconciliation Checklist

Use this form to help reconcile your accounts. Make sure all outstanding checks have cleared before closing your account. If any of your bills are paid with a debit card through your previous financial institution those need to be changed.

Account Number	Check Number	Check Payable To	Check Amount	Date Cleared

Total \$ _____