

# ACCESS NATIONAL BANK

The Difference is Access.

## Easy Access Switch Checklist

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- Open an account with Access National Bank online or at a banking center near you.
- Discontinue use of your previous checking account. Allow sufficient time for outstanding checks, automatic debits and credits to clear.
- Notify automatic debit/credit vendors of your banking relationship change in writing and provide them with your new account information.
- Send an account closeout request to your previous financial institution.

\*The Easy Access Switch Kit provides you with all the necessary forms to easily transfer your banking relationship to Access National Bank. We make it Simple & Easy!

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Submit this form to the  
company or payee

# Change Automatic Payment

To Whom it may Concern at \_\_\_\_\_  
(Company or payee to receive payment.)

You are currently withdrawing \$\_\_\_\_\_ for my/our account number

\_\_\_\_\_, for my/our \_\_\_\_\_  
(company or payee account #) (what payment is for)

This payment is being taken from my/our account at \_\_\_\_\_  
(name of other financial institution)

Please route my automatic payment per my instructions to the financial institution  
indicated below:

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Phone # Day / Evening

I authorize my automatic payment to be debited: \_\_\_Monthly \_\_\_Weekly

Effective: \_\_\_Immediately Beginning: \_\_\_\_\_  
(Date)

From my/our account at:

Access National Bank  
1800 Robert Fulton Drive  
Reston, VA 20191  
Phone # 703-871-2100

From: \_\_\_ Checking \_\_\_ Savings

Access National Bank Account # \_\_\_\_\_ Routing # 056009039

**Note:** We suggest that you call the company or payee to find out if you will also need to submit a  
voided Access National Bank check or deposit slip with this form.

\_\_\_\_\_  
Authorizing Signature(s)

\_\_\_\_\_  
Date

# Change Direct Deposit

Please redirect my direct deposit per my instructions to the financial institution indicated below:

\_\_\_\_\_  
Employee Name (First/Middle/Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Phone Day/Evening

\_\_\_\_\_  
Social Security # or Employee ID Previous Financial Institution Acct. #

I authorize my direct deposit to be routed to:

Access National Bank  
1800 Robert Fulton Drive  
Reston, VA 20191  
Phone # 703-871-2100

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

\_\_\_\_\_      056009039  
Access National Bank Account #      Routing #

Note: We suggest that you call your human resource/payroll office to find out if you will also need to submit a voided Access National Bank check or deposit slip with this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Request to Close Account

**IMPORTANT NOTE: Make sure all the checks that you have written clear your account before sending this form.**

To Whom It May Concern at:

\_\_\_\_\_  
(Financial Institution where you want to close your account)

Please close my/our account as instructed here and forward the remaining balance from the account to the financial institution indicated below:

\_\_\_\_\_  
Name(s) on the Account                      Account # to be closed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State              Zip              Phone # Day / Evening

I/we authorize the closure of my/our account effective as of this date: \_\_\_\_\_.

\_\_\_ Please close my/our checking account as instructed and forward the remaining balance to the home address above.

\_\_\_ OR, send the balance of the checking account to:

Access National Bank  
1800 Robert Fulton Drive  
Reston, VA 20191  
Phone # 703-871-2100

Access National Account # \_\_\_\_\_

\_\_\_\_\_  
Primary Account Owner's Authorizing Signature                      Date

\_\_\_\_\_  
Joint Account Owner's Authorizing Signature                      Date