

CHECKING ACCOUNT

Switch Kit

North Georgia National Bank

www.ngnb.net

Let us introduce you to the opportunities North Georgia National Bank has established. We will provide you with the finest financial services available. Come by either of our locations and see one of our helpful customer service representatives to experience what sets North Georgia National apart from the rest.

- FREE North Georgia National ATM/Debit Card
- FREE 24-hour on-line account access at ngnb.net
- Tele-bank – 706-624-0888
- iPay – On-line bill payment Service
- Courier Service

LIST OF SERVICES

Money Market
Savings
Certificate of Deposit
Individual Retirement Account

Consumer Loans
Home Equity Loans
Installment Loans
Personal Lines of Credit
First Mortgage Loans
Second Mortgage Loans
Construction Loans

Online Banking
Bill Pay
Telebanker
ATM's
Overdraft Protection
Carry On's Travel Club

North Georgia National Bank

350 W. Belmont Drive • P.O. Box 965
Calhoun, GA 30703
Phone: (706) 629-6499 • Fax: (706) 629-7795

100 Red Bud Road • P.O. Box 965
Calhoun, GA 30703
Phone: (706) 624-3500 • Fax: (706) 624-3502

406 W. Court Street • P.O. Box 965
Calhoun, GA 30703
Phone: (706) 879-5700 • Fax: (706) 879-5702

www.ngnb.net



To reorder call Arco Ideas & Design, Inc. 770-386-2799



Make the *Switch!*

CHECKING ACCOUNT Switch Kit

We make it
easy to
switch to

North Georgia National Bank

Follow these 3 easy steps

Open a North Georgia National Bank Checking Account

To truly experience hometown banking and understand what sets North Georgia National Bank apart, come by any of our locations and see one of our helpful customer service representatives. We will be happy to introduce you to the opportunities North Georgia National Bank has established to provide our customers with the finest banking and financial services available.

Complete the Switch Kit forms

Direct Deposit and Automatic Payment Change Notice

Complete and submit these forms when opening a new account with North Georgia National Bank. We can provide additional Direct Deposit Change Notice and Automatic Payment Change Notice forms if needed. We will also provide you with copies of these forms for your records.

Checking Account Closure Notice

Once your Direct Deposit and Automatic Payments have been switched to your new North Georgia National Bank checking account, give the Checking Account Closure Notice to your previous financial institution. Your balances will be mailed to North Georgia National Bank, where they will be deposited into your new account.

Any Questions?

If you have any additional questions about switching your checking account to North Georgia National Bank, feel free to visit any of our locations or call to speak with one of your customer service representatives.

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Phone: (706) 879-5700 • Fax: (706) 879-5702

Direct Deposit Change Notice

Complete and submit this form to one of our customer service representatives when opening a new account with North Georgia National Bank.

New Account Holder Information:

Name		
Social Security Number	Date of Birth	
Telephone Number		
Street		
City	State	Zip

Direct Deposit Information Type of Payment

<input type="checkbox"/> Social Security	<input type="checkbox"/> Military
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Other
<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other

Additional Direct Deposit Information:

Organization / Contact Person
Telephone Number
Address

New Financial Institution Information:

North Georgia National Bank

<input type="checkbox"/> 350 W. Belmont Drive P.O. Box 965 Calhoun, Georgia 706-629-6499	<input type="checkbox"/> 100 Red Bud Road P.O. Box 965 Calhoun, Georgia 706-624-3500	<input type="checkbox"/> 406 W. Court Street P.O. Box 965 Calhoun, Georgia 706-879-5700
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I hereby authorize any direct deposits to be sent to my North Georgia National Bank checking account.

Please make this change effective: _____

Signature: _____

Date: _____

Joint Owner Signature: _____

Date: _____

Automatic Payment Change Notice

We will work with you so that future automatic payments will be withdrawn from your new North Georgia National Bank checking account.

Additional Payment Information:

Type of Payment (ex. insurance, car, mortgages)	
Name of Company Receiving Payment	
Contact Name at Company	Phone Number
Company Address	
Additional Information (amount of payment/account number)	

Additional Payment Information:

Type of Payment (ex. insurance, car, mortgages)	
Name of Company Receiving Payment	
Contact Name at Company	Phone Number
Company Address	
Additional Information (amount of payment/account number)	

New Financial Institution Information:

North Georgia National Bank

<input type="checkbox"/> 350 W. Belmont Drive P.O. Box 965 Calhoun, Georgia 706-629-6499	<input type="checkbox"/> 100 Red Bud Road P.O. Box 965 Calhoun, Georgia 706-624-3500	<input type="checkbox"/> 406 W. Court Street P.O. Box 965 Calhoun, Georgia 706-879-5700
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I hereby authorize any future automated payment withdrawals to be made from my North Georgia National Bank checking account.

Please make this change effective: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Checking Account Closure Notice

Submit this form to your previous financial institution after direct deposits and automatic payments have been stopped and all checks have cleared. Your balances will be transferred to North Georgia National Bank and deposited into your new account.

Previous Financial Institution Information:

Name of Bank		
Account Number		
Street		
City	State	Zip

Account Holder Information:

Name		
Social Security Number	Phone Number	
Name of Employer		
Street		
City	State	Zip

Joint Owner (if applicable)

Please mail balances to:

North Georgia National Bank

<input type="checkbox"/> 350 W. Belmont Drive P.O. Box 965 Calhoun, Georgia 706-629-6499	<input type="checkbox"/> 100 Red Bud Road P.O. Box 965 Calhoun, Georgia 706-624-3500	<input type="checkbox"/> 406 W. Court Street P.O. Box 965 Calhoun, Georgia 706-879-5700
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Account Number: _____

I hereby authorize the closing of my checking account. All my checks have cleared the account and all direct deposits and automatic payments have been stopped.

Signature: _____

Date: _____

Joint Owner Signature: _____

Date: _____