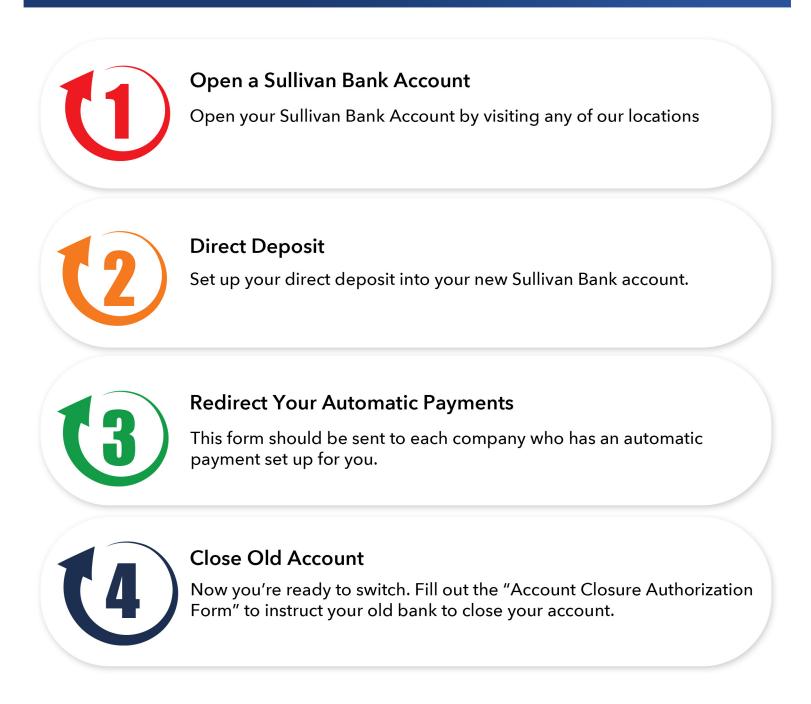
Make the switch to better banking!

At Sullivan Bank, we want you to experience *A STEP UP IN SERVICE*, so we've made it even more convenient to switch your accounts. Just follow these simple instructions to get started.







Direct Deposit Authorization Form

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Sullivan Bank account. Use one form for each direct deposit.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Direct Deposit Authorization Notification						Direct Deposit		
Company or Employer:						Checklist		
Company ID Number: (if applicable) Address:						Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.		
City, State, Zip:								
Phone Number:								
Effective immediately, please deposit the net amount of my check to my Sullivan Bank account. I authorize (name of depositor)						——— Payroll		
to automatically deposit funds into the accounts below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization						Investments		
is changed or revoked by me in writing. Place an X next to your desired option.					—— Retirement Plans			
Net amount to Sull	,	CKING						
Account #		Routing #	081905302	2		——— Social Security		
Net amount to Sull	ivan Bank SAVI	INGS						
Account #		Routing #	081905302	2				
Signature:			Date:					
Name:								
Address:								
City, State, Zip:								
Phone Number:								





Automatic Withdrawal Authorization

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Notification of	Automatic				
Name of Company:		Withdrawal			
Account Number:		Checklist			
Payment Amount:		Use this list to remember all your			
Address:		automatic payments you need to transfer. These are some of the			
City, State, Zip:		most commonly used automatic			
Phone Number:		payments.			
Please discontinue my au	tomatic withdrawal from the following current account:	——— Home Mortgage			
Financial Institution:		——— Auto Loans			
Account #	Routing #	Utilities			
Please update all future a	utomatic withdrawals from the following account:	Insurance			
Financial Institution:	Sullivan Bank				
Account #	Routing # 081905302	——— Cable/Internet			
This authorization will remain in effect until I have submitted a new authorization, or Gym/Club Memberships					
or revoked.	ed by me in writing that this authorization has been changed	——— Credit Cards			
Signature:	Date:	Investments			
Name:		Subscriptions			
Address:		Subscriptions			
City, State, Zip:		——— Charity Donations			
Phone Number:					



Account Closure Authorization

Use this form to close your account(s) by delivering it to your former financial institution. Be sure to verify any outstanding items have cleared your old account. You can authorize your remaining balance to be deposited automatically to your new Sullivan Bank account(s) or paid by a check forwarded to your mailing address.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Notification of	Account Closure Auth	orization	
To Whom It May Concer	n:		
Financial Institution:			
Address:			
City, State, Zip:			
Please Close My Accou	int:		Congratulations
Account Number:			- \
Primary Owner:			You had to sign your name a few times, but submitting these forms
Address:			completes your switch to A Step Up In Service . We can't wait to
City, State, Zip:			show you the difference a local
Please send the remain Place an X next to your de	•		partner makes.
Please deposit	directly to my new account at Sul	livan Bank.	(1)elcome
Account #	Routing #	081905302	
Please forward	me a check to my address listed	below.	Welcome to the #SulliFam!
Signature:		Date:	#CulliFam
Joint Signature:			" SMW [MIV!
Name:			INSTAGRAM
Address:			
City, State, Zip:			
Phone Number:			

