



Making the Switch Easy

We know switching banks can be time consuming and maybe even a little stressful. Instead, let Gateway assist you through the transition with these three easy steps...

For assistance, please call or visit any Gateway Bank office:

Ormond Beach
112 N Nova Road
Ormond Beach, FL 32174
386-673-7011

Daytona Beach
1950 W International Speedway Blvd
Daytona Beach, FL 32114
386-947-5400

Port Orange
3741 S Nova Road
Port Orange, FL 32129
386-761-9377

Step 1.

Open your new account at Gateway Bank.

Simply provide us with your current bank statement, and we will identify your automatic deposits and payments.

Step 2.

Sign an authorization form allowing Gateway Bank to assist in requesting payment transfers.

Our bankers will assist you every step of the way! Most payment transfers can be made online and do not require any paperwork. We will also enroll you in free online banking with bill pay.

Step 3.

Close your old accounts.

Most banks will close an account over the phone without the need to step into the branch.





Form 1: New Account Information

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Date of Birth: _____

Employer: _____

Employer Address: _____

Employer Phone: _____ Title: _____

Driver's License #: _____

Issue Date: _____ Expiration Date: _____

Email Address: _____ Mother's Maiden Name: _____

Have you lived in the state of Florida for the past 5 years? Yes _____ No _____

If no, please list other states: _____ City of Birth: _____



Form 2: Authorization to Change Automatic Debit

Name: _____

Address: _____

City/State/Zip: _____

I am moving my account from (previous bank name):

Old Account Number: _____ Checking or Savings (please circle one)

Effective: _____ of 20 _____

Please begin sending my Direct Deposit to my account at Gateway Bank:

Bank Address

My new account information is as follows:

New Account Number: _____ Checking or Savings (please circle one)

ABA/Routing #:

Attached is a voided check so that you may verify my account & ABA routing number.

Authorized by: _____ Date: _____

Direct Debit / Account Reference Number: _____

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

Signature Authorizing Change

Date



Form 3: Authorization to Change Direct Deposit

Name: _____

Address: _____

City/State/Zip: _____

I am moving my account from (previous bank name):

Old Account Number: _____ Checking or Savings (please circle one)

Effective: _____ of 20 _____

Please begin sending my Direct Deposit to my account at Gateway Bank:

Bank Address

My new account information is as follows:

New Account Number: _____ Checking or Savings (please circle one)

ABA/Routing #:

Attached is a voided check so that you may verify my account & ABA routing number.

Authorized by: _____ Date: _____

Direct Debit / Account Reference Number: _____

Please confirm to me at the above phone number or address that this request change has been made as instructed. Thank you.

Signature Authorizing Change

Date



Form 4: Authorization to Close Account

Date: _____

Bank's Name: _____

Bank's Address: _____

City / State / Zip: _____

To Whom It May Concern:

Please close my account _____ and send a check for the remaining balance to me at the
address listed below. Acct. #

If you have any questions about this request, please contact me at _____
Phone #

Thank you,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City / State / Zip

Switch Kit Transfer Checklist

	Company/ Financial Institution	Account Number	Type of Account	Date Mailed or Contacted	Follow-Up Date	Item Complete
Direct Deposit						
Direct Deposit						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Credit Card Balance Transfer						
Credit Card Balance Transfer						
Automatic Closure						
Automatic Closure						