

**Authorization to
Close Account**

Please complete and sign to let **Neighborhood National Bank** close your account.

Previous Financial Institution _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

This form gives you the authorization to close the account _____ and forward the balance to us at the address provided. Please make the check payable to **Neighborhood National Bank** for benefit of (Name) _____.

Your prompt attention to this request is appreciated. Thank you.

Signature _____ Date _____

Joint Signature (if applicable) _____ Date _____

Please send check to:
Neighborhood National Bank
1717 Sweetwater Road, Suite A
National City, CA 91950

**Authorization to
Switch Direct Deposit**

I authorize (Company Information) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

to accept this signed form to direct my payment/ credit to my **Neighborhood National Bank** checking/savings account. I understand that it may take up to 30 days to process this request.

Signature _____ Date _____

Joint Signature (if applicable) _____ Date _____

Neighborhood National Bank

ACH Routing/Transit Number:

Account Number _____

Distribution _____

1.Savings Account _____

2.Checking Account _____

Automatic Payment Change Notification

Consult the Automatic Payment Checklist to determine which companies you need to notify that you have switched your account(s) to **Neighborhood National Bank**. After notification, these companies should establish automatic payments from your new account(s). If you have any questions, please contact **Neighborhood National Bank**.

Automatic Payment Checklist

- Mortgage
- Investments
- Insurance (type)
- Loans (type)
- Electricity
- Telephone
- Cable
- Charities
- Credit Cards
- Health Clubs
- Internet
- Cell Phone
- Other

Account Access Services

- Order a Visa® Check Card for me and my joint account holder
- Internet Banking
- Phone number included on checks
- Order my first set of checks with the following information.

Name _____

Address _____

City _____ State _____ Zip _____

Request More Information

I would like to receive more information about the following bank products/ services:

- Checking Accounts
- Savings Accounts
- Visa® Check Cards
- Overdraft Protection
- Online Banking with Bill Pay
- Business Banking
- Business Loans
- Auto Loans
- Other
