

Ferriday, LA
318-757-8601

Vidalia, LA
318-336-7173

Lake Providence, LA
318-559-2494

Tallulah, LA
318-574-9177

Natchez, MS
601-446-5925



www.deltabk.com

Account Switch Kit

We know how busy you are! We have made it very convenient for you to switch your accounts to Delta Bank. Follow the four easy steps in this switch kit and allow us to become “your” bank.

1

OPEN A DELTA BANK ACCOUNT at any branch location.

2

BALANCE YOUR OLD ACCOUNT

Use our **Account Balance Worksheet** to settle your old account.

3

CLOSE YOUR OLD ACCOUNT

Fill out the **Account Closure Request Form** instructing your old bank to close your account. The bank will send a check for any remaining balance per your provided instructions.

4

REDIRECT YOUR AUTOMATIC PAYMENTS

Use a **Deposit and Payment Checklist**, **Automatic Debit Change Form** and **Direct Deposit change Form** to redirect each of your automatic payments.

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Account Balance Worksheet

Now that you are a Delta Bank customer it is okay to close your old account. Begin with the checking account balance shown on your most recent bank statement. Be as accurate as possible when completing this form.

1) Enter your current balance from your account statement. \$ _____

2) List the amounts of deposits made from your last statement:

DATE	AMOUNT
_____	_____
_____	_____
_____	_____

Enter the total of the deposits: +\$ _____

3) Subtotal by adding steps 1 and 2. - \$ _____

4) List all outstanding debits.

All checks, transfers, withdrawals that do not appear on your statement. Include any debit card purchases, ATM withdrawals, automatic debits and any other fees.

DATE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Enter the total of the debits: - \$ _____

5) Subtract Step 4 from Step 3.

This amount should match your checkbook register balance.

= \$ _____

Note: All pending transactions must be cleared before the account is closed.



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Account Closure Request

Complete this form to request that your current bank account be closed. Once completed, mail the form(s) directly to your current bank.

Dear Sir or Madam,

I hereby request that the following account(s) with you be closed:

Account Number _____
Checking ____ Savings ____ Other _____

Account Number _____
Checking ____ Savings ____ Other _____

Account Number _____
Checking ____ Savings ____ Other _____

Account Number _____
Checking ____ Savings ____ Other _____

Please prepare a cashier's check for the balance of my account payable to:

Name _____

Address _____

City _____ State _____ Zip _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Phone

Phone

Date

Date

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Deposit and Payment Checklist

To make the process easier we've provided the following checklist to make sure all of your direct deposits and automatic payments get redirected to your new Delta Bank account.

DIRECT DEPOSITS

- Payroll Direct Deposits
- Government Deposits
- Brokerage Deposits
- Transfers from Other Bank Accounts
- Child Support
- Other Court Issued Deposits
- Other Deposits

UTILITY PAYMENTS

- Gas
- Electric
- Local/Long Distance Telephone Service
- Cellular Phone Service
- Water
- Cable or Satellite TV
- Other

OTHER PAYMENTS

- Insurance
- Internet Service
- Loans
- Mortgages
- Auto Loans
- Other Loans
- Account Transfers to Other Bank Accounts
- Child Support or Court Ordered Payments
- Other

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Direct Deposit Change Form

Complete this form and submit to your employer's Human Resources or Payroll department.

I (Name) _____

have closed my checking account with (Current Bank) _____

effective _____.

I hereby authorize my direct deposit to be changed from my current checking account

_____ at _____

to my new bank account at Delta Bank as listed below:

Checking Account # _____

ABA Routing #111101144

Effective Date: _____

Checking Account # _____

Amount/Percent to be deposited: _____

Savings Account # _____

Amount/Percent to be deposited: _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Phone

Phone

Date

Date

ATTACH NEW DELTA BANK VOIDED CHECK HERE

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Automatic Debit Change Form

Complete this form for each company or organization with whom you have arranged for automatic payment. Once completed, mail the form(s) directly to the company or organization.

I (Name) _____

have closed my checking account with (Current Bank) _____

effective _____.

I hereby authorize my automatic withdrawal in the amount of \$ _____ to be

changed from my current checking account # _____ at _____

_____ to my new Delta Bank account as listed below.

Checking Account # _____

ABA Routing #111101144

Effective Date: _____

Amount to be withdrawn: \$ _____

Date of withdrawal: _____

Address _____

City _____ State _____ Zip _____

Thank you for your attention in this matter.

Customer Signature

Joint Account Holder Signature

Phone

Phone

Date

Date

ATTACH NEW DELTA BANK VOIDED CHECK HERE