

1. OPEN UP YOUR NEW ACCOUNT

Thank you for choosing Liberty National Bank. Please help us meet your needs by taking a few moments to complete the following information:

Name _____ SS# _____

Date of Birth (mm/dd/yyyy) _____

Drivers License # _____ State _____ Exp. Date _____

Street Address (required) _____

City _____ State _____ Zip _____ Rent _____ Own _____

Years at Current Residence _____ (Note: If less than 1 year, please provide previous address.)

Previous Address _____

Home Phone Number _____ Cell Phone _____

Work Phone Number _____ Email _____

Place of Employment _____ Position _____

Employer's Address _____

Someone who will always know how to reach you _____

Address _____ Phone _____

If this is a joint account, please provide the following information for the additional account holder.

Name _____ SS# _____

Date of Birth (mm/dd/yyyy) _____

Drivers License # _____ State _____ Exp. Date _____

Street Address (required) _____

City _____ State _____ Zip _____ Rent _____ Own _____

Years at Current Residence _____ (Note: If less than 1 year, please provide previous address.)

Previous Address _____

Home Phone Number _____ Cell Phone _____

Work Phone Number _____ Email _____

Place of Employment _____ Position _____

Employer's Address _____

The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals.

Signature _____ Date _____

Signature _____ Date _____

2. SWITCH YOUR AUTOMATIC WITHDRAWALS

_____ Date _____

_____ Name of Company that makes Automatic Withdrawal _____

_____ Address _____

_____ City, State, Zip _____

To Whom It May Concern:
You are currently withdrawing \$_____ (amount) for my _____ (account of identifying number), _____ (date) from the following account:

Previous Bank Name: _____

Previous Bank Routing Number: _____

Previous Account Number: _____

Please stop making withdrawals from that account and instead make them from:

Liberty National Bank

Address: _____

LNB Routing Number: 041205929

LNB Account Number: _____

Account Type: Checking Savings

If you have any questions in regards to this request, please contact _____ at Liberty National Bank at (_____) _____.

Sincerely, _____

_____ Signature _____

_____ Name _____

_____ Address _____

_____ City, State, Zip _____

3. CLOSE OUT YOUR OLD ACCOUNT

Date: _____

Bank Name: _____

Address _____

Attention: _____

I wish to close and/or transfer money from my account _____ to: _____ (account number)

Liberty National Bank

Attention: _____

_____ Please close my account and send the entire balance to Liberty National Bank at the address listed above.

_____ Please close my account and send the entire balance to me at my home address.

_____ Please keep the account open and send \$_____ to Liberty National Bank at the address listed above.

_____ If no penalty is assessed, please mail a check to my home address for any interest amount from my certificate of deposit, _____, at your institution. _____ (account number)

If you have any questions in regards to this request, please contact _____ at Liberty National Bank at (_____) _____.

Thank you, _____

_____ Signature _____ Joint Account Holder's Signature _____

_____ Name _____ Joint Account Holder's Name _____

_____ Address _____

_____ City, State, Zip _____