

The Common Sense Switch

As easy as 1-2-3!

By making the switch to Southern States Bank, you not only are committing to receiving the best banking experience, you are committing to a relationship with your banker. Southern States Bank is dedicated to serving our communities with bankers you know and trust and committed to making sure our products fit your financial needs. And as part of our commitment to you, we don't want you to worry about changing your banking relationship...that's our job!

For your convenience, our Common Sense Switch Kit has all the forms necessary to make changing your banking relationship as easy as 1-2-3.

1. Print and complete the Deposit Application form for each signer
2. Bring a valid drivers license and Social Security number for each signer
3. Stop by one of our banking facilities with completed forms and identification to start your Southern States Bank relationship today!

For added convenience, we have included a Direct Deposit Change Form, Automatic Payment Change Form and a Close Account Form.



"The Common Sense Bank"

www.southernstatesbank.net

Anniston

615 Quintard Avenue
Anniston, AL 36201
Ph: 256.241.1092
Fax: 256.241.1095

Birmingham

201 Office Park Drive, Ste. 220
Birmingham, AL 35223
Ph: 205.877.0195
Fax: 205.877.0199

Opelika

2601 Frederick Road
Opelika, AL 36801
Ph: 334.737.1092
Fax: 334.737.2810



SOUTHERN STATES BANK

DEPOSIT APPLICATION FORM

Primary Owner or Business:

Name _____

Type of Business _____

Business Only: Does your business plan on offering any financial services to your customers ___ Yes ___ No

Does your business currently participate or expect to participate in any form of Gambling Activities? ___ Yes ___ No.

If yes we can not open this account.

Physical Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Tax ID Number _____

Date of Birth _____

Form of ID

Identification	Number	Issued By	Issued Date	Expiration Date
Driver's License				
State ID Card				
Military ID				
Medicare/Medicaid Card				
Passport				
Non-Resident Alien Card				
Resident Alien Card				
Social Security Card				
Other				

Employer _____

Date of Employment _____

Employer Phone Number _____

Employer Address _____

Primary Source of Deposits _____

Estimated Dollar Amount of Deposits _____

RISK RATING : _____ Low _____ Moderate _____ High

Secondary Owner or Authorized Signer

Name _____

Physical Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Tax ID Number _____

Date of Birth _____

Form of ID

Identification	Number	Issued By	Issued Date	Expiration Date
Driver's License				
State ID Card				
Military ID				
Medicare/Medicaid Card				
Passport				
Non-Resident Alien Card				
Resident Alien Card				
Social Security Card				
Other				

Employer _____

Date of Employment _____

Employer Phone Number _____

Employer Address _____

RISK RATING : _____ **Low** _____ **Moderate** _____ **High**



"The Common Sense Bank"

Direct Deposit Change Form

Date: _____

Company Name: _____

Company Address: _____

To Whom It May Concern:

Please change the direct deposit being made to my account at the following institution:

Bank Name	Routing Number	Account Number
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As of ___/___/___, this direct deposit should be sent to my account at Southern States Bank:

Southern States Bank	062206622	
Bank Name	Routing Number	Account Number

Should you have any questions, please contact me at _____.
Daytime Phone Number

Thank you,

Owner Signature	Printed Name	Social Security Number
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Attach a voided, personalized Southern States Bank check in the space provided below.



"The Common Sense Bank"

Automatic Payment Change Form

Date: _____

Business Name: _____

Business Address: _____

Re: Account _____

To Whom It May Concern:

This is an authorization to change my automatic monthly payment from my checking account

_____ at _____. Below is my Southern States Bank routing number and account number for my automatic payment.

Routing Number: 062206622

Account Number: _____

Please begin making the deduction on my next billing cycle. Please contact me with any questions at

_____.

Thank you,

Owner Signature

Printed Name

Date



"The Common Sense Bank"

Close Account Authorization Form

Date: _____

Bank Name: _____

Bank Address: _____

Mailing Address

City

State

ZIP

To Whom It May Concern:

This letter is authorization to close account _____ in the name(s) of

_____. Please send a check for the remaining balance to:

Southern States Bank

Should you have any questions, please contact me at _____.

Thank you,

Owner Signature

Printed Name

Date