



Business Banking Switch Kit

Follow these easy steps to move your business banking relationship to FCB:

1. Open an FCB business checking account if you have not done so already. Complete the **FCB Business Services Request (Form 1)** to learn more about our Cash Management offerings.
2. Supply us with a voided check from your prior bank to ensure we order the correct checks for your new FCB account.
3. Stop using your previous account. Destroy your checks, ATM/debit card, and deposit slips.
4. Use the **Small Business Organizer** attached to keep yourself organized and on track during the transition.
5. Notify your payroll department of your new bank account information. Please use **Payroll Processing Change Request (Form 2)** to help your payroll department/processor change the account from which your payroll is deducted.
6. To setup your direct deposit(s), please use **Automatic Direct Deposit Authorization Request (Form 3)**.
7. Use **Automatic Payments Authorization Request (Form 4)** to change any automatic debits on your business account.
8. Once all of your automatic payments and deposits have cleared your new account(s), close your previous account(s). Your local banker can help you complete **Account Closure Request (Form 5)**.

If you have any questions throughout this process, please contact one of our Senior Account Executives:

Dianne Riley
(618) 656-9090
driley@fcbbanks.com

Michael Schreffler
(618) 235-9090
mschreffler@fcbbanks.com



Small Business Organizer

Use this worksheet to keep track of what information you need to switch to you FCB business account. *This form does not need to be submitted. It is for your personal use.*

Bank Accounts to Close:

Bank Name	Routing Number	Account Type	Account Number	✓

Outstanding Checks Waiting to Clear:

Payable To	Amount	Account Number	✓

Automatic Payments to Switch:

Company Name	Date Withdrawn	Amount	Date Submitted for Change	✓

Payroll Funding Accounts to Switch:

Provider Name	Account Number	Date Submitted for Change	✓

Merchant Transaction Accounts to Switch:

Provider Name	Account Number	Date Submitted for Change	✓

Overall Accounts Worksheet

[illegible]

PLEASE MAKE SURE ALL AUTOMATIC PAYMENTS AND DEPOSITS HAVE BEEN PROCESSED
THROUGH FCB BANKS BEFORE CLOSING YOUR PREVIOUS ACCOUNT

FCB Business Services Request – Form 1

Do you require additional services? Please let us know what other services you are looking for and a Senior Account Executive will contact you with more information.

Company Name

Type of Business

Contact Name

FCB Account Number

Phone Number

Best Time to Call

Please note which services are requested:

- | | |
|--|--|
| <input type="checkbox"/> Business Credit Card | <input type="checkbox"/> Merchant Services |
| <input type="checkbox"/> Business Direct (Cash Management) | <input type="checkbox"/> Check Verification |
| <input type="checkbox"/> ACH | <input type="checkbox"/> Gift Cards/Loyalty Cards |
| <input type="checkbox"/> Deposit Express | <input type="checkbox"/> Merchant Cash Advance |
| <input type="checkbox"/> Wires | <input type="checkbox"/> Mobile, Web, or Wireless Processing |
| <input type="checkbox"/> FCB Tax & Bookkeeping | <input type="checkbox"/> Repurchase Agreement |

Drop this completed form off at any FCB Banks location or mail to the address listed below and one of our Senior Account Executives will contact you with more information about the services you requested.

FCB Banks
Attn: Business Development
2610 N Illinois St
Swansea IL 62226

Our Senior Account Executives are ready to assist you. If you have any questions about our business accounts and services, please contact:

Dianne Riley
(618) 656-9090
driley@fcbbanks.com

Michael Schreffler
(618) 235-9090
mschreffler@fcbbanks.com



Payroll Processing Change Request – Form 2

Payroll Department

Address

Fax Number

I would like to change my payroll funding account to my FCB account according to the instructions below.

My Company Information

Company Name

Contact Name

Company Address

Phone

Payroll Effective Date

Bank Account Information

Please change my payroll funding account to the following:

Account Type: ☐ Checking ☐ Savings ☐ Money Market

Routing Number: ☐ 081025198 (*First Collinsville Bank*) ☐ 081914856 (*First County Bank*)

Account Number: _____

I authorize my payroll processor, _____, to debit my FCB account indicated above for payroll purposes, and to make necessary adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Name

Title

Date

*Processing payroll yourself?
Contact a Senior Account Executive to learn more about our payroll solutions.*



Automatic Direct Deposit Authorization Request – Form 3

Company

Address

Fax Number

I would like to change my ACH credit to be automatically credited to my FCB account according to the instructions below.

My Company Information

Company Name

Contact Name

Company Address

Phone

ACH Credit Effective Date

Bank Account Information

Please credit the following account:

Account Type: ☐ Checking ☐ Savings ☐ Money Market

Routing Number: ☐ 081025198 (*First Collinsville Bank*) ☐ 081914856 (*First County Bank*)

Account Number: _____

I authorize _____ (company) to make deposits directly to my FCB account indicated above, and to make necessary adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Name

Title

Date



Automatic Payment Authorization Request – Form 4

Company

Address

Fax Number

I would like the following payment to be automatically debited from my FCB account according to the instructions below.

My Company Information

Company Name

Contact Name

Company Address

Phone

Amount

Effective Date

Bank Account Information

Please debit the following account:

Account Type: ☐ Checking ☐ Savings ☐ Money Market

Routing Number: ☐ 081025198 (*First Collinsville Bank*) ☐ 081914856 (*First County Bank*)

Account Number: _____

I authorize _____ (payee) to initiate payments from my FCB account indicated above, and to make necessary adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Name

Title

Date



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Account Closure Request – Form 5

Financial Institution

Address

Fax Number

Please close my account(s) described below as indicated. Please process this request and forward any remaining funds in the account(s) by check to the address indicated.

The following account numbers need to be closed:

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

If you have any questions about this request, please contact me immediately. Otherwise, send any remaining funds by check to the following address:

☐ Me, at the address listed below

☐ FCB Banks

Attn: Customer Service
2610 N Illinois St
Swansea IL 62226

Credit FCB Account #

Signature

Signature

Name

Name

Title

Date

Title

Date

