

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

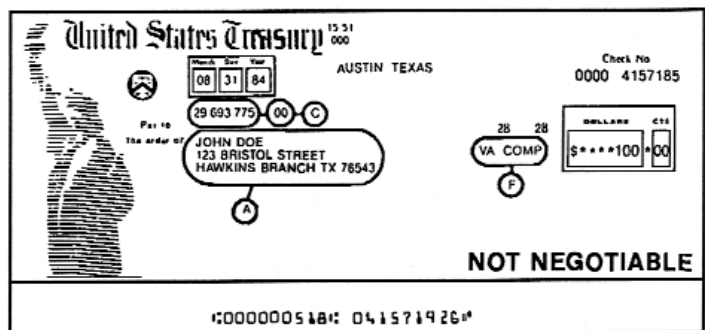
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- C** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F** Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

2 Change of Automated Payments

Complete and sign one form for each payment you have drafted from your old checking account. Mail them to the merchants and other companies who currently make automated payments from your old checking account. To ensure accuracy, attach a voided check and include the account number the company uses for your account.

Notice of Change of Automated Payment

I authorize you to redirect my automated payment noted below from my [Anson Bank & Trust](#) checking account, as indicated.

To: _____ Company Name	From: _____ Customer Name
_____ Company Mailing Address	_____ Customer Mailing Address
_____ City, State and Zip	_____ City, State and Zip

My account number with company: _____

Description of payment: _____

- Please redirect my automated payment to my new [Anson Bank & Trust](#) account
 - Immediately
 - Beginning / /
Month Day Year

My new account number is shown on the attached voided check.

Attach a Voided check from your
[Anson Bank & Trust](#) checking account here.

Signature: _____

Date: _____

Telephone Number: _____

3 Online Banking and Bill Payment Enrollment

To enroll in [Anson Bank & Trust](#) Online Banking, go to www.AnsBankandTrust.com/OnlineBanking, click “Activate My Account,” and follow the instructions for enrollment. You will need your [Anson Bank & Trust](#) checking account number and social security number.

➤ Enrolling in Online Banking allows you to benefit from Bill Payment services at no charge.

Cancel your previous bill payment service according to the institutions instructions. To assist you in setting up your new bill payment service with [Anson Bank & Trust](#), it may be helpful for you to print the information from your old account.

You can complete nearly every type of personal financial transaction you can imagine with [Anson Bank & Trust](#) Online Banking.

- ✓ Access your account 24 hours a day, seven days a week
- ✓ View status of your checks
- ✓ Schedule recurring payments
- ✓ Transfer funds
- ✓ Issue Stop Payment on a check

4 Account Balance Worksheet

You will need your checkbook register and your most recent bank statement to complete this worksheet. Should you need additional space, use the back of this form or a separate sheet of paper. It is important to be as accurate as possible with this worksheet as it will assist you in knowing what is available in your old checking account and what you have available to deposit in your new [Anson Bank & Trust](#) account.

1. Write your account balance shown on your checking account statement. \$ _____
(Last statement balance)

2. List deposits that do not appear on your statement.
 Include interest, earned deposits made through ATM's and direct deposits

<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>
_____	_____	_____	_____	_____	_____	_____	_____

+ \$ _____
(Total Deposits)

3. Add steps 1 and 2 together. = \$ _____
(Total balance + deposits)

4. Write down any outstanding checks, transfers, or withdrawals not appearing on Statement.

<i>Date/Check #</i>	<i>Amount</i>	<i>Date/Check #</i>	<i>Amount</i>	<i>Date/Check #</i>	<i>Amount</i>
_____	_____	_____	_____	_____	_____

- \$ _____
(Total outstanding debits)

5. Subtract the amount on step 4 from step 3. This should match your checkbook register balance. = \$ _____
(Checking account balance)

5 Account Closing Authorization

Dear Sir or Madam:

Please close my account indicated below effective ____/____/____.

Name(s) on Account: _____

Type of Account: _____ Account Number: _____

- No disbursement of funds is necessary.
 - The account balance is zero.
 - I have deposited a check for the balance in my new institution.
- Disbursement of funds is necessary. Prepare a cashiers check for the balance of my account payable to:
 - Names on account and mail to: _____
 - Anson Bank & Trust for the benefit of _____ (*Anson Bank & Trust Checking Account Holder's Name*)

To be deposited in account number: _____

Please include my social security number
(print your social security number here) _____

and the above account number on the check and mail to:

Anson Bank & Trust
P.O. Box 249
Wadesboro, NC 28170

Signature _____ Date _____