

Make The Switch Checklist



First Alliance Bank

Moving all your accounts to First Alliance Bank has never been easier! Simply refer to the following guide to make your switch easy and convenient. For assistance, please contact any of our team members at any of our convenient locations. We're here to help every step of the way!

To close an account and transfer any remaining funds, you will need:

- Recent bank statement with your old account number(s)
- First Alliance Bank account number(s)
- First Alliance Bank routing number: 084008536
- Form #1—Account Closing Notification
(provided by First Alliance Bank)
- Follow up to ensure all checks have cleared on your old account
- Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties

To change your payroll or direct deposit, you will need:

- Recent bank statement with your old account number(s)
- First Alliance Bank account number(s)
- First Alliance Bank routing number: 084008536
- Form #2—Direct Deposit Request
(provided by First Alliance Bank)

To change your Social Security Direct Deposit, you will need:

- First Alliance Bank account number(s)
- First Alliance Bank routing number: 084008536
- Visit <http://www.ssa.gov/deposit/howtosign.htm> or call 1-800-772-1213 to change your direct deposit

To change your automatic payment or withdrawal, you will need:

- Recent statement from service provider
- First Alliance Bank account number(s)
- First Alliance Bank routing number: 084008536
- Form #3—Automatic Payment Request
(provided by First Alliance Bank)
- You will need to complete a separate form for each service provider that debits money from your account

To discuss transferring an existing loan, you will need:

- Recent loan statement with loan account and balance remaining
- Form #4—Loan Transfer Worksheet and Application
(provided by First Alliance Bank)

To move your online payments and/or set up First Alliance Bank Bill Pay, you will need:

- Recent statement from vendors
- Form #5—First Alliance Bank Bill Pay Checklist
(provided by First Alliance Bank)

To transfer an IRA (or other retirement account), you will need:

- Recent account statement
- Contact information for your employer or former employer
- First Alliance Bank account number(s)

Form 1

Account Closing Notification



First Alliance Bank

*Please accept this letter as authorization to close my account(s) with your institution.
Please close the account(s) listed below.*

To:

Bank Name _____ Bank Address _____

Bank City _____ Bank State, Zip _____

Account Number _____

Checking Savings Money Market Immediately/at Maturity Other

Account Number _____

Checking Savings Money Market Immediately/at Maturity Other

Account Number _____

Checking Savings Money Market Immediately/at Maturity Other

Account Number _____

Checking Savings Money Market Immediately/at Maturity Other

Please send any remaining funds in the accounts listed to the following address:

First Alliance Bank, 51 Germantown Court, Suite 100, Cordova, TN 38018

Deposit Instructions:

Deposit entire amount to checking account number: _____ OR

Deposit \$ _____ to savings account number: _____ AND

the remainder to checking account number: _____

From:

Name _____ Address _____ City _____

State, Zip _____ Telephone Number _____ Social Security Number _____

I authorize:

The listed entity to close the account(s) listed here.

The transfer of my funds to my First Alliance Bank checking and/or savings account(s) as indicated.

First Alliance Bank to credit deposits to my account(s) as specified.

Signature: _____ Date: _____

Form 2

Direct Deposit Request



First Alliance Bank

Please accept this letter as notification that I have established a new checking and/or savings account at First Alliance Bank. I would like my paycheck to be automatically deposited to my First Alliance Bank account according to the instructions below.

To: Payroll Department

Employer/Company Name: _____

From: _____

Social Security #: _____

Please Attach a FAB
Voided Check Here.



Subject: Payroll Direct Deposit

Date: _____

- Establish Direct Deposit
- Change my existing Direct Deposit

Deposit Instructions:

- Deposit entire amount to checking account number: _____ OR
- Deposit \$ _____ to savings account number: _____ AND
the remainder to checking account number: _____

First Alliance Bank Routing Number: 084008536

I authorize:

- The listed employer/company to establish/change deposits of my funds to my First Alliance Bank checking or savings account.
- First Alliance Bank to credit deposits to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

Form 3

Automatic Payment Request



First Alliance Bank

Please accept this letter as notification that I have established a new checking and/or savings account at First Alliance Bank. I would like the following payment to be automatically debited from First Alliance Bank.

- Establish Automatic Payment
- Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____

Company Account #: _____

Payment Amount: \$ _____

Personal Information:

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____ Daytime Phone Number: _____

Bank Account Information:

Account Type:

- Checking
- Savings
- Money Market

First Alliance Bank Account #: _____

Signature: _____ Date: _____

First Alliance Bank Routing Number: 084008536

I authorize:

- The company listed to initiate withdrawal of my funds from the above First Alliance Bank account.
- First Alliance Bank to debit funds from my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

Form 4

Loan Transfer Worksheet



First Alliance Bank

Use this worksheet to list all of your current loans. For assistance and to complete the loan application process, please contact a First Alliance Bank loan officer at any of our convenient locations. The following credit application is included for your convenience.*

1. _____
Name of Financial Institution

Type of Loan

Loan Account Number

Balance Remaining

2. _____
Name of Financial Institution

Type of Loan

Loan Account Number

Balance Remaining

3. _____
Name of Financial Institution

Type of Loan

Loan Account Number

Balance Remaining

4. _____
Name of Financial Institution

Type of Loan

Loan Account Number

Balance Remaining

** Subject to credit approval. This worksheet does not take the place of a First Alliance Bank loan application. Please see the loan application on the following page. Contact a First Alliance Bank loan officer to apply for a loan.*

NEW LOAN
 RENEWAL

TIMES REN.

CREDIT APPLICATION

LOAN NO. _____

IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and E. If the requested credit is to be secured, also complete the first part of Section C and Section D.
- If you are applying for joint credit with another person, complete all Sections except D, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section D. We intend to apply for joint credit. (Applicant) (Co-Applicant)
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except D to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section D.

AMOUNT REQUESTED \$	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR
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SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)			SUPERVISOR DISTRICT	HOW LONG AT PRESENT ADDRESS
PREVIOUS ADDRESS (Street, City, State & Zip)			HOW LONG AT PREVIOUS ADDRESS?	
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	SOURCE OF REPAYMENT
Is any income listed in this section likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	DATE OF FINANCIAL STATEMENT

REPAYMENT TERMS

Have you ever received credit from us?	<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account No. Where?	Savings Account No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)

MY INSURANCE AGENT IS (Name & Address)	INSURANCE REQUIRED <input type="checkbox"/>	INSURANCE NOT REQUIRED <input type="checkbox"/>
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Are you a co-maker, endorser, or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes" To Whom Owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)		RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDR
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				
PRESENT GROSS SALARY OR COMMISSION \$ PER	PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	HOW LONG WITH PREVIOUS EMPLOYER?

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	
Is any income listed in this section likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	

Has Joint Applicant or Other Party ever received credit from us?	<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account No. Where?	Savings Account No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)

Are you a co-maker, endorser or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes" To Whom Owed?
Owed? Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT Married Separated Unmarried (Including single, divorced, and widowed) OTHER PARTY Married Separated Unmarried (Including single, divorced, and widowed)

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE X	DATE	OTHER SIGNATURE: (Where Applicable) X	DATE
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SECTION D - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security.

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE NAME OF JOINT OWNER (If Any) TYPE OF PROPERTY: Homestead Farm Commercial
 OTHER:

SECTION E - ASSETS AND LIABILITIES

ASSETS	Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied with this transaction.		
Description		LIABILITIES	Monthly Payment & Mos. Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:				
<i>List checking and savings accounts below</i>				
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct No.		Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct No.		Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct No.		Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct No.		Acct. no.		
Stocks & Bonds (Company name/number & description)		Name and address of Company	\$ Payment/Months	\$
Life Insurance net cash value Face amount: \$		Acct. no.		
		Name and address of Company	\$ Payment/Months	\$
Subtotal Liquid Assets				
Real Estate owned				
Vested interest in retirement fund				
Net Worth of business(es) owned (attach financial statement)		Acct. no.		
Automobiles owned (make and year)		Name and address of Company	\$ Payment/Months	\$
Other Assets (itemize)		Acct. no.		
		Alimony/Child Support/Separate Maintenance Payments Owed to:		
		Job Related Expenses (child care, union dues, etc.)		
		Total Monthly Payments		
Total Assets a.		Net Worth (a minus b)	Total Liabilities b.	

Form 5

Payment Checklist



First Alliance Bank

We've made it easy to move all your online payments to Bill Pay! Just use this helpful checklist to remember all the online payments you currently have. If you don't already have online payments set up to any of the vendors below, now is the time to do so! Bill Pay is a powerful tool for managing monthly payments.

- | | |
|--|--|
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Cable/Satellite TV |
| <input type="checkbox"/> Home/Renter's Insurance | <input type="checkbox"/> Auto Club (AAA, Onstar, etc.) |
| <input type="checkbox"/> Auto Loan/Lease | <input type="checkbox"/> Memberships (Health Club, Magazine subscriptions, etc.) |
| <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Health/Life Insurance | <input type="checkbox"/> Department Store Credit Cards |
| <input type="checkbox"/> Electricity/Gas Company | <input type="checkbox"/> Loans (Personal, Student, RV, HELOC, etc.) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Transportation/Parking |
| <input type="checkbox"/> Oil Company | <input type="checkbox"/> Savings/Investments/Annuity Payments |
| <input type="checkbox"/> Home/Cellular Phone | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Long Distance | <input type="checkbox"/> Other _____ |