

Making the switch to better banking today!

You can make the move to TriStar Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to TriStar Bank, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new TriStar Bank account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to TriStar Bank.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to TriStar Bank.

Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your TriStar Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change

Company or Employer:

Address:

City, State, Zip:

Phone Number:

Employee ID:
(if applicable)

Effective immediately, please deposit the net amount of my check to my TriStar Bank account. I authorize (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

Net amount to TriStar Bank CHECKING
Account # Routing #

Net amount to TriStar Bank SAVINGS
Account # Routing #

Signature: Date:

Name:

Address:

City, State, Zip:

Phone Number:

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- Payroll
- Investments
- Retirement Plans
- Social Security

Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of Withdrawal Authorization Change

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone Number:

Please cancel all automatic withdrawals from **my old institution:**

Financial Institution:

Account # Bank Routing #

Please make all future automatic withdrawals from **my new institution:**

Financial Institution:

Account # Bank Routing #

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date:

Name:

Address:

City, State, Zip:

Phone Number:

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Memberships
- Credit Cards
- Investments
- Subscriptions
- Charity Donations

Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new TriStar Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:
Address:
City, State, Zip:

Please close my account:

Account Number: Primary Owner:
Address:
City, State, Zip:

Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at TriStar Bank.
Account # Routing #

Please forward me a check to my address listed below.

Primary Signature: Date:
Joint Signature:
Name:
Address:
City, State, Zip:
Phone Number:

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to TriStar Bank!

UTILITY AUTO-DRAFT

Utility Auto-Draft

Use these links for the following utility companies to change/update your auto-draft to your new TriStar Bank account.

Mount Pleasant Water and Gas

- www.mtpleasant-tn.gov/utility-bank-draft

Atmos Energy

- www.atmosenergy.com and then navigate to PAY ONLINE button.

Sylvia Pond Utility District

- <https://stcpud.utilitydistrict.com>

Columbia Power and Water

- <https://portal.laserfiche.com/l5733/forms/cpwsBankDraft>

The following forms are attached for you to submit directly to the utility company to change/update your auto-draft to your new TriStar Bank account.

Duck River Electric

Dickson Water Authority

Dickson Electric System

Greater Dickson Gas Authority

Utility company must be contacted directly to change/update your auto-draft to your new TriStar Bank account.

Mt Pleasant Power-Customers must call (931)-379-3233 to set up auto draft

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME: GREATER DICKSON GAS AUTHORITY **COMPANY ID NUMBER:** 62-1396070

I (we) hereby authorize Greater Dickson Gas Authority of Dickson, TN, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY
NAME _____
ROUTING
NUMBER _____
CHECKING ACCOUNT
NUMBER _____

AMOUNT OF DEBIT IS EQUAL TO **NET AMOUNT DUE** ON UTILITY BILL

DATE(S) AND/OR FREQUENCY OF DEBIT(S) IS EFFECTIVE ON **DUE DATE** OF MONTHLY UTILITY BILL

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on my termination notice.

ACCOUNT NAME _____

PROPERTY ADDRESS _____

SIGNATURE _____ DATE _____

LOCATION# _____ CUSTOMER# _____

TELEPHONE NUMBER _____ START DATE _____

*****Please include a Voided check with completed form*****

Office Use Only

Date Received _____ Employee _____

EFFECTIVE WITH BILLING DUE _____

COMMENTS _____



CITY OF MOUNT PLEASANT
GAS, WATER & WASTEWATER DEPARTMENT

100 PUBLIC SQUARE, P.O. BOX 426 - MOUNT PLEASANT, TENNESSEE 38474
PHONE (931) 379-7717 FAX (931) 379-5418
<https://www.mtpleasant-tn.gov>

Auto Draft Payment Application

Account # _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Financial Institution: _____ Type of Account:
Bank City and State: _____ Checking
Routing Number: _____ Savings
Account Number: _____

I hereby authorize Mount Pleasant Utility System to initiate electronic debit entries, from the account listed above, for payment of my utility bills. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until i have cancelled it in writing.

Signature: _____ Date: 05/17/2024

Water Authority of Dickson County

101 Cowan Road, Dickson, Tennessee 37055
(615) 441-4188 Fax: (615) 441-9987



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Email Form to: info@wadc.us

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Water Authority of Dickson County** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below.

I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Customer's Utility Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) or specify range of acceptable dollar amounts authorized: _____.

Date(s) and/or frequency of debit(s): _____.

I understand that if my account is insufficient to cover the monthly payment amount drafted, a \$20.00 fee will be assessed to my account in addition to the monthly payment due.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **the Water Authority of Dickson County** in writing that I (we) wish to revoke this authorization.

I (we) understand that **the Water Authority of Dickson County** requires at least 10 day prior to the due date of monthly billing to cancel this authorization.

Name(s) _____

Name as shown on bank account –Please print.

Signature (s) _____

Phone Number: _____ Date: _____

Water Authority of Dickson County

101 Cowan Road, Dickson, Tennessee 37055
(615) 441-4188 Fax: (615) 441-9987



Please include a voided check with this form, if applicable.



Bank Draft

Authorization Form

DREMC Account Information

Name(s) on Account: _____

Member Number: _____ Location: _____ Cycle: _____

Address: _____

Phone Number: _____

Bank Draft Authorization

(\$10 one-time account credit)

Name on Bank Account (if different from member name): _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Bank Address (if not local): _____

Signature: _____ Date: _____

**By enrolling in bank draft the member agrees to stay on bank draft for a minimum of 12 months,
or for as long as the account remains open, whichever is shorter.**

A voided check OR proper bank account information must accompany this form to provide accurate bank account coding.

Please return this form to your local DREMC office or by emailing corpinfo@dremc.com.
A voided check OR proper bank account information must accompany this form.

*To enroll in automatic credit card payments, visit www.dremc.com and use the payment portal,
or contact your local DREMC office and speak with a Member Service Representative.*



Dickson Electric System
236 Cowan Road, Dickson TN 37055
615-446-9051

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Dickson Electric System** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below.

I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____

Account Number: _____

Dickson Electric Account Number: _____

Sanitation Account Number (Dickson County only): _____

Broadband Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) or specify range of acceptable dollar amounts authorized: Amount of monthly electric bill to customer

Date(s) and/or frequency of debit(s): On or before monthly due date of bill to customer

I understand that in the event that my account is insufficient to cover the monthly payment amount drafted, a \$29.00 fee will be assessed to my account in addition to the monthly payment due.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Dickson Electric System** in writing that I (we) wish to revoke this authorization.

I (we) understand that **Dickson Electric System** requires at least 1 day prior to the due date of monthly billing in order to cancel this authorization.

Name(s): _____

Signature (s): _____

Phone Number: _____ Date: _____

Please include a voided check with this completed form.