

Bank of the James 828 Main Street Lynchburg, VA 24504

Toll free phone #: 877-266-0765 Routing Number (ABA): 051409016 Interested in switching your accounts to Bank of the James, but not sure how to get started?

That's why we've developed the BOTJ Switch Kit, a step-by-step checklist to make your transition to a new Bank of the James account quick and easy. Just follow the simple steps to get started. If we can be of further assistance throughout the transition, please feel free to call any of our Bank of the James offices.

ROUTING AND ACCOUNT NUMBERS....HOW TO FIND THEM:



TO OPEN AN ACCOUNT, VISIT A BANK OF THE JAMES BRANCH.

Use the ATM & Branch Locator on our Web Site, (www.bankofthejames.com) to locate the Bank of the James branch closest to you. Toll-free customer service center number: 877-266-0765



Sign up for Bank of the James online banking.

Easily track your direct deposits, automatic withdrawals or payments and checks as they clear your Bank of the James account. To sign up for online banking, visit a branch or go to our Web site, www.bankofthejames.com. Click on the online banking icon in the top right hand corner and enroll.



Stop using your former account and begin using your new Bank of the James account as soon as possible. Be sure to leave sufficient funds in your former account until all of your checks have cleared and any automatic withdrawals have been successfully transferred to Bank of the James.



Change your Direct Deposits to Bank of the James.

Use our attached Direct Deposit Authorization Change Form to change any direct deposits. Remember to attach a voided Bank of the James check to this form.



Change your Automatic Payments or Withdrawals to Bank of the James.

Use our attached Automatic Payment or Withdrawal Authorization Change Form to change any automatic payment or withdrawal.



Close your former account at the other institution.

Use our attached Account Closing Form to close your account at the other banking institution. Once you close your account at the other institution, remember to shred or destroy any old checks for security purposes.



Use this form to gather all of your auto pay and deposit information in one place for easy reference.



AUTOMATIC PAYMENT CHECKLIST

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/ Rent				
Auto Loans				
Insurance				
Credit Cards				
Gas/ Oil				
Electric				
Cable/ TV				
Telephone				
Cell Phone				
Water				
Trash Removal				
Internet Provider				
Health Club				
Investments				
IRA/ Retirement				
Charities				
Daycare				
Tuition/School Expense				
Other				

DIRECT DEPOSIT CHECKLIST

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension(s)/ Retirement Plans				
Social Security				
Investment Incomes				
Other				
Account Holder Name				
Phone Number				

Bank of The James

Automatic Payment or Withdrawal Authorization Change Form



Use this form to change your Automatic Payments or Withdrawals to Bank of the James (e.g. loan payment, insurance payment, transfers to brokerage accounts or savings accounts).

10						
COMPANY NAME					DATE	
COMPANY ADDRESS						
CITY		STATE			ZIP	
FROM NAME						
HOME ADDRESS						
CITY		STATE			ZIP	
-			_		information for automatic payments or	,
withdrawals in	the name of (c	ustomer nai	me)			
ACCOUNT NUMBER						
PAVMENT TYPE (I.E. M	MORTGAGE, AUTO, UTI	TIES ETC.)			OUNT OF TRANSFER (DOLLAR AMOUNT)	
TAIMENT THE (I.E. P	worranae, no ro, o rr	LIILO, L 10.)		ALTHOMIMALEAN	OUNT OF THANSE ET (BOLLATTAMOUNT)	
	hat some autor ds when determ				advance notice of changes. Please inc	lude those
Effective imr	nediately, the n	ew bank inf	ormation is as	follows:		
Bank of the	James Account	Number:				
Checking	Savings	CD	Money Mark	ket (select one)	
ABA Bank R	outing Number	: 05140901	6			
If you should	I have any que	stions regar	ding this trans	action nlease	call me on my daytime phone number:	
Please send	me written cor	ifirmation of	when the cha	inge will be ef	fective.	
Thank you fo	or your coopera	ition.				
Sincerely,						
· · · · · · · · · · · · · · · · · · ·						
Customer Signature						
If available,	attached is a vo	oided check	from my acco	ount.		
					contact all companies for further instructions.	
	22.220					

Account Closing



Use this form to close your account at another bank and request a check for the balance.

ACCOUNT CLOSING	<u>i</u>				
COMPANY NAME/EMPLOYER			DATE		
COMPANY ADDRESS					
CITY	STATE		ZIP		
PRIMARY ACCOUNT	⊺ HOLDER				
IAME					
HOME ADDRESS					
CITY	STATE		ZIP		
SECONDARY ACCO	UNT HOLDER				
NAME					
HOME ADDRESS					
CITY	STATE		ZIP		
Account Number	nis as my authorization and or: gs CD Money Market (select	·	·		
Checkin	g Savings CD	Money Market (select one)		
	check in the amount of my es, 828 Main Street, Lynchb	•	any accrued interest to:		
If you should have	ve any questions regarding	this transaction, please	e contact my daytime phone number:		
Thank you for yo	our cooperation.				
Sincerely,					
Customer Signature					
(Please note that no	ot all companies will accept this f	orm as proof of change. P	lease contact all companies for further instructions.)		
If there are multiple act to close your account.		ach account. Verify all checks	and payments have cleared prior to submitting this form		



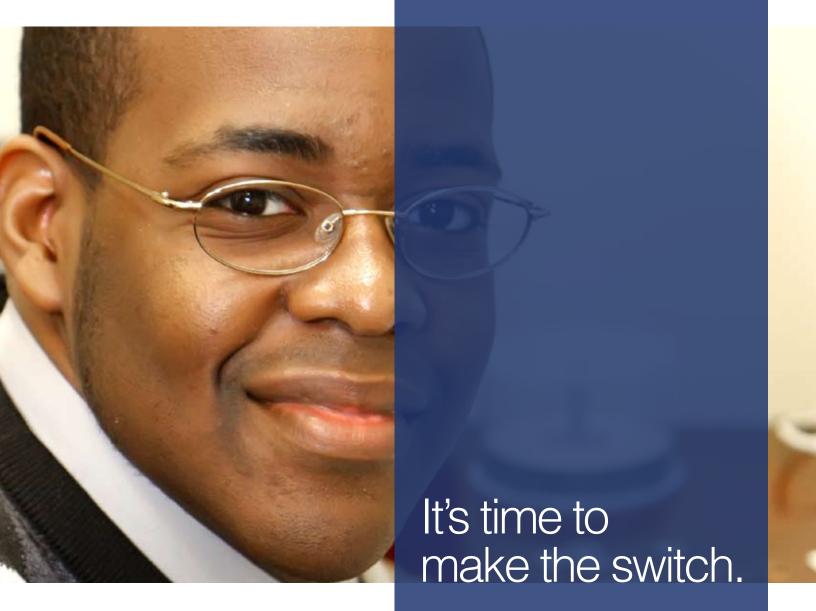
Direct Deposit Authorization Change Form



Use this form to change your direct deposit to Bank of the James

FBank of The James

COMPANY NAME/EMPLOYE	R		DATE	_
COMPANY ADDRESS				
CITY		STATE	ZIP	
PRIMARY ACCOUNT	HOLDER			_
NAME				
HOME ADDRESS				
CITY		STATE	ZIP	
SECONDARY ACCOU	JNT HOLDER			_
NAME				
HOME ADDRESS				
CITY		STATE	ZIP	
(Account Holder Nam I am aware that so notice periods whe Effective immediate Bank of the James Bank Address: 828	me automatin determinin	c payment type: (i.e. Payrol c payments or withdrawa g the new effective date.	lows:	e specify).
ABA Bank Routing	Number: 05	1409016		
		ns regarding this transact nation of when the change	ion please contact my daytime phone number:e will be effective.	
Thank you for your	cooperation			
Sincerely,				
Customer Signature				
		d check from my account accept this form as proof of cha	t. ange. Please contact all companies for further instructions.	
If there are multiple acco to close your account.	unts, please con	nplete a form for each account. V	/erify all checks and payments have cleared prior to submitting this form	



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