Simple Switch Kit

Abington Bank

TheAbingtonBank.com

Information Sheet

Welcome to Abington Bank! We've made moving your accounts easy with our Simple Switch Kit. To get started, please complete these forms and return them of our office.

Upon receipt, a member of our staff will contact you to arrange a time that is convenient for you to come in to sign the necessary forms and pick up your starter checks. We will also provide you with a checklist to assist in closing your existing checking account, and forms for switching over any direct deposits or automatic payments.

When you come into the Bank, please bring your driver's license or other form of identification, your opening deposit, and any direct deposit/automatic payment information.

Step 1 *Tell us about yourself.*

Applicant

First Name Middle Initial Last Name

Physical Address

City State Zip

Mailing Address (if different)

City State Zip

Date of Birth Social Security Number

Driver's License # State

Issue Date Expiration Date

City born in: _____

Home Phone Mother's Maiden Name

E-mail Address

Have you lived in Massachusetts for the past 5 years? ☐ Yes ☐ No

If not, what other states have you lived in over the past 5 years?_____

Joint Applicant (if any)

First Name Middle Initial Last Name

Physical Address

City State Zip

Mailing Address (if different)

City State Zip

Date of Birth Social Security Number

Driver's License # State

Issue Date Expiration Date

City born in: _____

Home Phone Mother's Maiden Name

E-mail Address

Have you lived in Massachusetts for the past 5 years? ☐ Yes ☐ No

If not, what other states have you lived in over the past 5 years?_____

Signature (Please read this statement before signing.)

All the information I have given is true and correct. I request that the paperwork necessary to open the account(s) indicated below be prepared and understand that my signature(s) and opening deposit(s) will be required at a future date. I understand that for my protection, new account applications will be verified by Chex Systems, Inc. If more than one person signs below, I understand that this statement applies to both persons.

The Patriot Act: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, Social Security Number, street address, date of birth, and other information that will allow us to identify you. We may also ask to see/and or copy your driver's license or other identifying documents.

Signature of Applicant Date

Signature of Joint Applicant Date

EQUAL HOUSING LENDER *Member FDIC • Member SIF*

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Step 2 *Tell us which accounts you would like to open.*

Account	Opening Deposit
☐ FREE Checking	(Minimum $10) _____
☐ NOW Checking	(Minimum $100) _____
☐ NOW Plus Checking	(Minimum $2,500) _____
☐ Statement Savings Account	(Minimum $10) _____
☐ Emerald Money Market	(Minimum $2,500) _____
☐ Emerald Premium Money Market	(Minimum $2,500) _____

Step 3 *Tell us the services you want available with your new account.*

☐ Telephone Banking

☐ Free Online Banking

☐ Free Online Bill Payment*

☐ Debit Card

☐ Applicant

☐ Joint Applicant

☐ Overdraft Protection**

*Checking account required.

**Credit approval may be required. Some restrictions apply.

Step 4 *Tell us about your direct deposit and automatic payments.*

Do you need your direct deposit(s) switched to Abington Bank?

☐ Yes ☐ No If Yes, the paperwork will be completed when you open your account.

Do you need any automatic payment(s) switched to Abington Bank?

☐ Yes ☐ No If Yes, the paperwork will be completed when you open your account.

Information Sheet

Step 5 *Send us the information sheets.*

- Fax to (781) 878-9764, or:
- If the Kit was mailed to you, return it in the enclosed postage-paid envelope, or:
- If the Kit was downloaded from our web site, mail it to:

  Abington Bank
  Attention: Customer Service
  6 Harrison Avenue
  Abington, MA 02351

- Or drop it off at our office.

What's Next

Thank you for switching your checking account to Abington Bank. After receiving these forms, a member of our staff will process the information and contact you to schedule an appointment. When you come to the office, please bring a valid driver's license, Social Security card, State issued ID or other normally accepted form of identification, and the opening deposit pertaining to the type of account you would like to open.

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Checklist to Close your Existing Checking Account

Once your Abington Bank accounts are opened, you will need to close your old accounts.
Before you do so, please be sure you have done the following:

- ☐ Waited until all your checks have cleared your old checking account.
- ☐ Verified that your direct deposits and automatic payments have been switched over to your new Abington Bank accounts.
- ☐ Cancelled your ATM, debit cards and online banking services.
- ☐ Destroyed any remaining old checks.

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Employer Direct Deposit Switch Form

(Please give this completed form to your employer's Payroll or HR Department. A voided check may be required.)

Employee Name: _____ Social Security Number: _____

I authorize (company name): _____ to automatically deposit

my net pay each pay period to my: ☐ Abington Bank Checking # _____

☐ Abington Bank Savings or Money Market # _____

Abington Bank Transit Routing Number: 2113-7184-5

Employee Signature: _____ Date: _____

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Direct Deposit Switch Form

(Please give this completed form to the issuer of your payment.)

Payee Name: _____ Social Security Number: _____

I authorize (company name): _____ to automatically deposit

my payment each period to my: ☐ Abington Bank Checking # _____

☐ Abington Bank Savings or Money Market # _____

Abington Bank Transit Routing Number: 2113-7184-5

Payee Signature: _____ Date: _____

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Automatic Withdrawal Switch Form

Abington Bank Transit Routing Number: **2113-7184-5** (Please verify with Company if a voided check is required.)

Name: _____ Address: _____

City/State/Zip: _____

Company: _____ Account Number: _____

I have a new checking account with Abington Bank and ask that you change my next automatic payment withdrawal to my Abington Bank checking account. I authorize you to make automatic payment withdrawals, as per original agreement, from my Abington Bank Checking Account #_____ _____

Signature: _____ Date: _____