

**A**ndroscoggin  
Bank



**Switching banks just  
got easier.**

**Androscoggin Bank Switch Kit**

Member FDIC | Equal Housing Lender



# 5-STEP SWITCH KIT



This kit and the following forms have been put together to help make the process of switching banks and your personal accounts simpler.

Androscoggin Bank cannot guarantee the acceptance of all of these forms. Some financial institutions or companies may request action in-person or through the mail and may require additional information beyond what is included.

Reminder: Please keep sensitive account information secure and consider shredding this document after using, if printed. If transmitting via email, exercise caution as it may not be a secure form of communication.

# THE 5-STEP PROCESS

# 1

## OPEN YOUR ANDROSCOGGIN BANK ACCOUNTS

Visit any of our conveniently located branches or use our website to open your personal accounts today. Whether it is personal or business, we have you covered.

# 2

## START TO GET ORGANIZED

Use this 5-Step Switch Kit to organize the direct deposits and automatic payments that will be switched to your new Androscoggin Bank personal accounts.

# 3

## TRANSFER YOUR AUTOMATIC DEPOSITS

Send the Automatic Deposit Authorization Form to your employers so they can automatically deposit funds into your new accounts. This form can also be used to transfer any other automatic deposits to your new accounts.

# 4

## MOVE YOUR AUTOMATIC PAYMENTS

Send the Automatic Payment Authorization Form to each of your creditors to transfer any automatic payments to your new Androscoggin Bank accounts.

# 5

## CLOSE YOUR OLD ACCOUNTS

Use the Account Closing Letter to instruct your previous financial institution to close your personal accounts and detail how to disburse any remaining funds. Ensure all checks and debits have cleared before closing your old account.

# STEP 2: GET ORGANIZED

**Gather the most recent statements from your current financial institution.** Be sure to include details for payroll, inventory, subscriptions, merchant processing, and any other accounts tied to your name.

**DIRECT DEPOSITS:** List all direct deposits to your account(s).

Deposit Type	Company Name	Account Number	Amount	Date

**AUTOMATIC PAYMENTS:** List all withdrawals from your account(s).

Withdrawal	Company Name	Account Number	Amount	Date





## STEP 3: Transferring direct deposits

Use Automatic Deposit Authorization Form to notify employers and any other sources to redirect deposits to your Androscoggin Bank account.

For assistance with Social Security deposits, our representatives are available to help you contact the Social Security Administration at (800) 333-1795 or sign up online at [ssa.gov/deposit](https://ssa.gov/deposit).

Tip: Attach a voided Androscoggin Bank check to this form. A starter check from when you opened your account will suffice. Feel free to make copies of the form as needed.

# STEP 3: TRANSFERRING DIRECT DEPOSITS

## DIRECT DEPOSIT AUTHORIZATION FORM

**Attention:** (Enter the company you want deposits directed from here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**From:** (Enter your personal information here)

CUSTOMER NAME		
CUSTOMER ADDRESS		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (IF REQUIRED)		PHONE NUMBER

*\*Note, for Social Security Deposits, an Androscoggin Bank representative can assist you with calling the Social Security Administration at (800) 333-1795 or signing up online at [ssa.gov/deposit](http://ssa.gov/deposit).*

### To Whom It May Concern,

I have switched my accounts to Androscoggin Bank. Please stop depositing funds into my old account and start depositing them into my new Androscoggin Bank account, as specified below.

### New Account Information:

ANDROSCOGGIN BANK ROUTING NUMBER	
ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
SIGNATURE	DATE

DEPOSIT:       Total Amount       \$      into CHECKING account listed above  
DEPOSIT:       Total Amount       \$      into SAVINGS account listed above

*\*Note, be sure to include a voided Androscoggin Bank check with this form.*







## STEP 4: Transferring automatic payments

Complete Automatic Payment Authorization Form to transfer your automatic payments to Androscoggin Bank, or to set up new ones from your account. Allow sufficient time for the first payments to take effect.

Tip: Attach a voided Androscoggin Bank check to this form. A starter check from when you opened your account will suffice. Feel free to make copies of the form as needed.

# STEP 4: TRANSFERRING AUTOMATIC PAYMENTS

## AUTOMATIC PAYMENT AUTHORIZATION FORM

**Attention:** (Enter the company you want payments directed to here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**From:** (Enter your personal information here)

CUSTOMER NAME		ACCOUNT NUMBER
CUSTOMER ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

**To Whom It May Concern,**

I have recently moved my accounts to Androscoggin Bank. Please redirect my automatic payments from my previous account to my new Androscoggin Bank account, as detailed below.

EFFECTIVE:  Immediately  Beginning \_\_\_ / \_\_\_ / \_\_\_  
PAY:  Total Amount  \$

**New Account Information:**

ANDROSCOGGIN BANK ROUTING NUMBER	
ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
SIGNATURE	DATE

\*Note, be sure to include a voided Androscoggin Bank check with this form.







## STEP 5: Closing your old accounts

Use the Account Closing Letter to instruct your previous bank to close your account(s) and transfer any remaining funds. Ensure all checks and debits have cleared before closing the account, and inquire about any potential closing fees.

# STEP 5: CLOSING ACCOUNTS

## ACCOUNT CLOSING LETTER

**Attention:** (Enter your old financial institution's information here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

To Whom It May Concern,

Please consider this letter as authorization to close my account(s) listed below with your institution. Kindly issue a cashier's check in my name for the remaining balance(s) and any accrued interest (if applicable).

Account Type	Account Number	Account Owner Names

**Please send all closing balances to:** (Enter your personal information here)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

PRIMARY ACCOUNT OWNER SIGNATURE	DATE
SECONDARY ACCOUNT OWNER SIGNATURE	DATE

