## Making the switch to better banking today!

You can make the move to Maple City Savings Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Maple City Savings 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 Maple City Savings Bank account(s). To open a Maple City Savings Bank account, stop in today or click here. Once you've filled out that form, download the pdf and send to Tellers@maplecitysavings.com.

2

### Switch your direct deposits and automatic withdrawals.

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





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# **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 Maple City Savings Bank account. Use one form for each direct deposit.

Notification of D	irect Deposit Auth	orization C	hange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, p	lease deposit the net amou	nt of my check t	o my Maple City
Savings Bank account. I	authorize (name of deposit	tor)	
to automatically deposit	funds into the account belo	ow. This authoriz	zation shall remain in
place until I have submi	tted a new authorization, or	r until this autho	rization is changed or
revoked by me in writing	<b>5.</b>		
Place an X next to your de	esired option.		
Net amoun	to Maple City Savings Ban	k CHECKING	
Account #		Routing #	222371740
Net amoun	to Maple City Savings Ban	k SAVINGS	
Account #		Routing #	222371740
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.

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Investment	

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\_\_\_\_ Social Security





# **Automatic Withdrawal Authorization**

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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 automa	atic withdrawals from <b>my old institution</b> :
Financial Institution:	
Account #	Bank Routing #
Please make all future a	utomatic withdrawals from my new institution:
Financial Institution:	Maple City Savings Bank
Account #	Bank Routing # 222371740
	nain in effect until I have submitted to you a new authorization, or until 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.

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## **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Maple City Savings 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 A	Account Closure Authorization
To Whom It May Conce	rn:
Financial Institution:	
Address:	
City, State, Zip:	
Please close my accour	nt:
Account Number:	Primary Owner:
Address:	
City, State, Zip:	
Account #	
1 10000 10111	
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 Maple City Savings Bank!



