



## EZ Switch Kit

Whether you're moving into the area or have decided your current bank is no longer a good fit, we've simplified the process to make switching your accounts to The Cooperative Bank of Cape Cod as easy as possible and best of all, we do a lot of the work for you.

### 1. Set up and Open your NEW Checking Account with Us

- Stop into our branch most convenient to your home or office.
- Sign up for your Debit Card
- Sign up for Online and Telephone Banking and Bill Payment

### 2. Transfer your Direct Deposits and Automatic Withdrawals/Debits to your NEW Checking Account

- Identify ALL direct deposits and ALL withdrawals that you currently have automatically deducted from your old account (such as auto insurance or health club memberships) and transfer these to your new Checking account.
- Complete our easy forms for:
  - Payroll Direct Deposit*
  - Account Withdrawal*
  - Account Debit*
- With Online Banking you will know immediately when all automatic deposits, withdrawals and debits have been transferred to your new account.

### 3. Stop Using Your Old Checking Account and Close It

- We recommend that you stop using your old checking account and begin using your new account as soon as you receive your Debit card.
- Leave time for any outstanding checks, debit card purchases and automatic withdrawal and debits to clear from the old checking account.

Once you are certain that all outstanding checks have cleared and all direct deposits and automatic withdrawals and debits have been transferred over to your new Checking account, notify your former bank that you are closing your account with them, withdraw any remaining funds and transfer those funds to your new account(s) using our Close Account letter.

508.568.3400

[mycapecodbank.com](http://mycapecodbank.com)

# AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Please update my existing authorization for payment. I have opened a new deposit account and would like to establish automatic payments from this account.

## ➤ COMPANY/MERCHANT INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address, City, State, Zip

\_\_\_\_\_  
Account Number on Invoice/Statement

## ➤ CUSTOMER INFORMATION

\_\_\_\_\_  
Name Day  
Evening  
Phone Number

\_\_\_\_\_  
Address, City, State, Zip

## ➤ PREVIOUS ACCOUNT INFORMATION Checking Account Savings Account

\_\_\_\_\_  
Previous Financial Institution Name      Routing #      Previous Account #

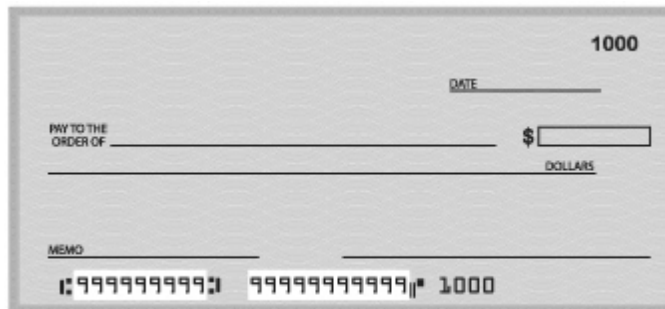
## ➤ NEW ACCOUNT INFORMATION Checking Account Savings Account

The Cooperative Bank of Cape Cod      211371641  
New Financial Institution Name      Routing #      New Account #

\$ \_\_\_\_\_  
Amount to be Withdrawn      Date of Withdrawal

\_\_\_\_\_  
Customer Signature      Date

**\*Please attach a voided check from your new account to this form\***



↑      ↑  
Routing Number      Account Number

**THE COOPERATIVE BANK OF CAPE COD**  
25 Benjamin Franklin Way, Hyannis, MA 02601  
800.641.1100

# AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.

## ➤ DIRECT DEPOSIT ACCOUNT INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address, City, State, Zip

## ➤ TYPE OF DEPOSIT

- |   |   |
|---|---|
| <input type="checkbox"/> Employee Payroll             | <input type="checkbox"/> Civil Service Retirement |
| <input type="checkbox"/> Social Security              | <input type="checkbox"/> Pension                  |
| <input type="checkbox"/> V.A. Compensation or Pension | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Supplemental Security Income |   |

## ➤ CUSTOMER INFORMATION

\_\_\_\_\_  
Name Day  
Evening

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Employee or Social Security Number

## ➤ PREVIOUS ACCOUNT INFORMATION Checking Account Savings Account

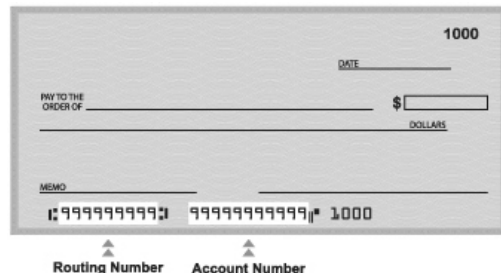
\_\_\_\_\_  
Previous Financial Institution Name      Routing #      Previous Account #

## ➤ NEW ACCOUNT INFORMATION Checking Account Savings Account

The Cooperative Bank of Cape Cod      211371641  
New Financial Institution Name      Routing #      New Account #

\_\_\_\_\_  
Effective Date

➤ **Please attach a voided check from your new account to this form**



\_\_\_\_\_  
Customer Signature Date

**THE COOPERATIVE BANK OF CAPE COD**  
25 Benjamin Franklin Way, Hyannis, MA 02601  
800.641.1100

# PLEASE CLOSE MY ACCOUNT

Upon receipt, please close the following account and send a check for the remaining balance and confirmation of account closure to the address below. If you have any questions about this request, please contact me at the number below.

➤ **CLOSED ACCOUNT INFORMATION**     Checking Account     Savings Account

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account #

➤ **CUSTOMER INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Day

\_\_\_\_\_  
Evening

\_\_\_\_\_  
Address, City, State, Zip

Sincerely,

➤

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-signer Signature (if applicable)

\_\_\_\_\_  
Date

**THE COOPERATIVE BANK OF CAPE COD**  
25 Benjamin Franklin Way, Hyannis, MA 02601  
800.641.1100