

## **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.

### **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 Name		
Company Address, City, State, Zip		
Account Number on Invoice/Statement		
ustomer Information	Day Evening	
Name	Phone Number	
Address, City, State, Zip		
revious Account Information	ecking Account Savings Accour	nt
Previous Financial Institution Name	Routing # Previous Account #	
ew Account Information	king Account Savings Account	
ew Account Information Chec  The Cooperative Bank of Cape Cod  New Financial Institution Name		
ew Account Information Chec	king Account Savings Account 211371641	l
ew Account Information Chec The Cooperative Bank of Cape Cod New Financial Institution Name \$	king Account Savings Account  211371641 Routing # New Account #	l



### **AUTHORIZATION TO CHANGE DIRECT DEPOSIT**

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

Company Name			
Company Address, City, State, Zip			
Type of Deposit			
Employee Payroll	Civil Service Re	etirement	
Social Security	Pension		
V.A. Compensation or Pension	Other		
Supplemental Security Income			
Customer Information		Day	
		Evening	
Name	Phone Number		
Address, City, State, Zip			
Employee or Social Security Number			
Previous Account Information	Checking Acco	ount Savings Accou	
Previous Financial Institution Name	Routing #	Previous Account #	
New Account Information	Checking Acc	count Savings Acco	
The Cooperative Bank of Cape Cod	211371641		
New Financial Institution Name	Routing #	New Account #	
	(*************************************	1027	
Effective Date	X	DATE	
	PAY TO THE ORDER OF	DOLLARS 1 language beautiful from the state of the state	
Please attach a voided check from			
your new account to this form.	**************************************		
	Routing Number Account Number		
	Routing Niimber	Account Number	
	Routing Number	Account Number	



### 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.

•	Close Account Information	Checking Account	Savings Account
	Financial Institution Name	Acco	unt #
•	Customer Information		Day Evening
	Name	Phone Number	
	Address, City, State, Zip		
	Customer Signature		Date
	Co-signer Signature (if applicable)		Date

