Getting Started

Making the switch to better banking today!

You can make the move to Monson 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 Monson Savings, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new Monson Savings account(s).

Switch your direct deposits and automatic withdrawals.

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

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 Monson Savings.





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 Monson Savings account. Use one form for each direct deposit.

Notification of Direct Deposit Author	orization Change	Direct Deposit Checklist: Use this list to remember all
Company or Employer:		your direct deposits you need
Address:		to transfer. These are the most common direct deposits.
City, State, Zip:		Payroll
Phone Number:		Investments
Employee ID:		Retirement Plans
(if applicable)		Social Security
Effective immediately, please deposit the net amo	ount of my check to my Monson Savings	
account. I authorize (name of depositor)		
to automatically deposit funds into the account b	elow. This authorization shall remain in	
place until I have submitted a new authorization,	or until this authorization is changed or	
revoked by me in writing.		
Place an X next to your desired option.		
Net amount to Monson Savings CHECk	KING	
Account #	Routing # 211871219	
Net amount to Monson Savings SAVING	GS	
Account #	Routing # 211871219	
Signature:	Date:	
Name:		
Address:		
City, State, Zip:		
Phone Number:		





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 W	/ithdrawal Authorization Change	Automatic Withdrawal Checklist:
Name of Company:		Use this list to remember all your
Account Number:		automatic payments you need to transfer. These are some of the
Payment Amount:		most commonly used automatic payments.
Address:		
City, State, Zip:		Auto Loans
Phone Number:		
		Utilities
Please cancel all autom	atic withdrawals from my old institution:	Insurance
Financial Institution:		Cable/Internet
Account #	Donk Douting #	Gym/Club Memberships
ACCOUNT #	Bank Routing #	Credit Cards
Please make all future a	utomatic withdrawals from my new institution:	Investments
Financial Institution:	Monson Savings	Subscriptions
Account #		Charity Donations
ACCOUNT #	Bank Routing # 211871219	
	ain 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:		





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Monson Savings 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.

To Whom It May Concern: Financial Institution: Address: City, State, Zip: Please close my account: Address: City, State, Zip: Please send the remaining balance to: Please doposit directly to my new account at Monson Savings. Account # Routing # Please forward me a check to my address listed below. Primary Signature: Joint Signature: Joint Signature: Address: City, State, Zip:	Notification of Account Closure Authorization		Congratulations!	
Address: City, State, Zip: Please close my account: Account Number: Address: City, State, Zip: Address: City, State, Zip: Address: City, State, Zip: Please send the remaining balance to: Please deposit directly to my new account at Monson Savings. Account # Routing # Please forward me a check to my address listed below. Primary Signature: Date: Joint Signature: Name: Address: Primare Signature: Date: Address: Date:		n:	timesbut submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a	
City, State, Zip: Please close my account: Account Number: Primary Owner: Address: City, State, Zip: Please deposit directly to my new account at Monson Savings. Account # Routing # 211871219 Primary Signature: Date: Joint Signature: Name: Address: Address:				
Account Number: Primary Owner: Address:	City, State, Zip:			
Address: City, State, Zip: Please and the remaining balance to: Place an X next to your desired option. Please deposit directly to my new account at Monson Savings. Account # Routing # Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Please close my account	:		
City, State, Zip: Please send the remaining balance to: Place an X next to your desired option. Please deposit directly to my new account at Monson Savings. Account # Routing # Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Account Number:	Primary Owner:		
Please send the remaining balance to: Place an X next to your desired option. Please deposit directly to my new account at Monson Savings. Account # Routing # Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Address:			
Place an X next to your desired option. Please deposit directly to my new account at Monson Savings. Account # Routing # 211871219 Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	City, State, Zip:			
Please deposit directly to my new account at Monson Savings. Account # Routing # 211871219 Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Please send the remainin	ng balance to:		
Account # Routing # Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Place an X next to your des	ired option.		
Please forward me a check to my address listed below. Primary Signature: Joint Signature: Name: Address:	Please depos	it directly to my new account at Monson Savings.		
Primary Signature: Joint Signature: Name: Address:	Account #	Routing # 211871219		
Joint Signature: Name: Address:	Please forwa	rd me a check to my address listed below.		
Name: Address:	Primary Signature:	Date:		
Address:	Joint Signature:			
	Name:			
City, State, Zip:	Address:			
	City, State, Zip:			
Phone Number:	Phone Number:			



