## Switch to Banking Just Done Better.

You can make the move to Monson Savings Bank in three easy steps. Everything you'll need is provided in this helpful 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 Bank account(s).

Switch your direct deposits & automatic withdrawals.

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

### Close your old account.

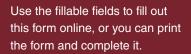
Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Monson Savings Bank.





## **Direct Deposit Authorization**

Notification of Direct Deposit Authorization Change							
New Authorization Change to Prior Authorization							
Company or Employer:							
Address:							
City, State, Zip:							
Phone Number:							
MONSON SAVINGS BA			N MA, 01057, 413-267-4 Gavings Bank Routing #	646 <b>211871219</b>			
Monson Savings Ba	ank <b>CHECKING</b>	Net Pay	Specific Amount S	5:			
Monson Savings Ba	ank <b>SAVINGS</b>	Net Pay	Specific Amount S	5:			
I/We authorize the COMPANY (n erroneous credit entry to my/our funds to my/our account. I/We ac I/We understand that this auth COMPANY has received written r the COMPANY and Financial Insti	account at the Financial knowledge that the origi orization replaces any p notification from me (or e	Institution (identified ination of these trans- previous authorization either of us) of its term	d below), for the purpose of autor actions must comply with the pro n and will remain in full force a	matically depositing wisions of U.S. Law. and effect until the			
Signature:			Date:				
Name:							
Address:							
City, State, Zip:							
Phone Number:							



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.

#### Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- \_\_ Payroll Investments
- \_\_\_\_ Retirement Plans
- Social Security





## Automatic Withdrawal Authorization

#### Notification of Withdrawal Authorization Change

Name of Company:							
Account Number:							
Payment Amount:							
Address:							
City, State, Zip:							
Phone Number:							
Please cancel all automatic withdrawals from <b>my old institution:</b>							
Financial Institution:							
Account #	Routing #						
Please make all future automatic withdrawals from <b>my new institution</b> :							
Financial Institution:	Monson Savings Bank						

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Routing #

211871219

Signature:Date:Name:Address:City, State, Zip:Phone Number:



Account #

Use the fillable fields to fill out this form online, or you can print the form and complete it.

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 make it easy to change your account on record online on their website.

#### Automatic Withdrawal Checklist:

Review a few months of your transaction history and take note of auto payment dates and anounts. Use this helpful list of commonly used auto payments.

Home Mortgage
Auto Loans
Utilities
Insurance
Cable/Internet

- Gym/Club Members
- Credit Cards
- Investments
- Subscription
- \_\_\_ Charity Donations



### **Account Closure Authorization**

### Notification of Account Closure Authorization Change

To Whom It May Co	oncern:							
Financial Instit	tution:							
Ad	dress:							
City, Stat	e, Zip:							
Please close the following account(s):								
Account #:		Checking Savings Please close any						
Account #:		Checking Savings debit cards, online banking, bill pay or						
Account #:		Checking Savings other applications associated with						
Account #:		Checking Savings these accounts.						
Please send the rei	maining balance to:							
Place an X next	to your desired opt	ion.						
Please de	eposit directly to my	new account at Monson Savings Bank.						
Account	#	Routing # 211871219						
Please forward me a check payable to my name to my address listed below. MONSON SAVINGS BANK, 146 MAIN STREET, MONSON MA, 01057								
Primary Sign	ature:	Date:						
Joint Sign	ature:	Date:						
1	Name:							
Ad								
	dress:							
City, Stat								

You can authorize your remaining balance to be automatically deposited into your new Monson Savings account(s) or paid by a check payable to your name.

Bring this completed form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account and that your direct deposits have been posted to your new MSB account.

### **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 Monson Savings Bank!

Former Financial Institution: If you have any questions, please do not hesitate to contact me. If what has been provided is not sufficient to close my accounts, please call me and/or send me the needed documents.





	Company / Financial Institution	Account Number	Type of Account	Date Mailed or Contacted	Follow-up Date	Item Complete
Direct Deposit						
Direct Deposit						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Credit Card Balance Transfer						
Credit Card Balance Transfer						
Automatic Closure						
Automatic Closure						