



# THE BANK OF ORRICK

## *Easy Switch Process*

**It's easy to make the switch to The Bank of Orrick.**

Our printable switch kit provides all the necessary forms required to open your new Bank of Orrick account and transfer your existing personal account(s), including automatic deposits/payments to The Bank of Orrick. Simply print and fill out the forms below and bring them in to a New Account Representative at The Bank of Orrick. We'll take care of the rest!

### **Switch kit includes:**

- ***Customer Information Form*** – Have the Customer Information Form filled out when you come in to open your Bank of Orrick accounts.
- ***Automatic Payment Checklist*** – Items to be reviewed before closing your existing account(s).
- ***Direct deposit/Automatic payment authorization forms*** – Use these forms to transfer direct deposit/automatic payments to your Bank of Orrick account. If you have regular direct deposits to your account (paycheck, Social Security funds, ect.) or automatic withdrawals (car payment, insurance, ect.) you will want to notify the company or organization that generates those transactions of recent change to your account.
- ***Account closure letter*** – Use this form to provide notice and authorization to your former bank to close your account(s) and issue a check for the remaining balance(s). Please allow time for any outstanding checks, final direct deposits and/or automatic withdrawals to clear, before you close your account.

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### **Account Closure checklist:**

*Before closing your account, make sure the following have been completed:*

- All checks have cleared your existing account
- All automatic withdrawals and deposits have been switched to your new Bank of Orrick account and have cleared your existing account
- Remaining checks, deposit slips, and debit cards have been destroyed



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## EASY SWITCH PROCESS

### CUSTOMER INFORMATION FORM

#### PRIMARY ACCOUNT HOLDER

Name:

Street Address:

City:

State:

Zip:

Home Phone: - -

Work Phone: - -

Cell Phone: - -

Driver's License #:

DL Expiration Date:

Employer:

Position/Title:

Email:

#### JOINT ACCOUNT HOLDER (IF APPLICABLE)

Name:

Street Address:

City:

State:

Zip:

Home Phone: - -

Work Phone: - -

Cell Phone: - -

Driver's License #:

DL Expiration Date:

Employer:

Position/Title:

Email:

#### ACCOUNTS AND SERVICE

Accounts and Services that you currently use or are interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Regular Checking Account      | <input type="checkbox"/> Online Bill Pay      |
| <input type="checkbox"/> Money Market                  | <input type="checkbox"/> Safety Deposit Box   |
| <input type="checkbox"/> Savings Account               | <input type="checkbox"/> * Customer Loan      |
| <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> * Mortgage Loan      |
| <input type="checkbox"/> Certificate of Deposit        | <input type="checkbox"/> * Home Equality Loan |
| <input type="checkbox"/> Internet Banking              | <input type="checkbox"/> Other                |

**\*PENDING APPROVAL**



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## EASY SWITCH KIT

***Making the switch to The Bank of Orrick as easy as possible***

*Use this form to gather all of your auto pay and deposit information in one place for easy reference.*

### AUTOMATIC PAYMENT CHECKLIST

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Water				
Trash Removal				
Internet Provider				
Health Club				
Investments				
IRA/Retirement				
Charities				
Daycare				
Tuition/School Expense				
Other				

### DIRECT DEPOSIT CHECKLIST

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension(s)/Retirement Plans				
Social Security				
Investment Incomes				
Other				

### HELPFUL PHONE NUMBERS AND WEBSITES

Social Security Administration	800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
Office of Personal Management	888-767-6738	<a href="http://www.opm.gov">www.opm.gov</a>
Railroad Retirement Board	800-808-0772	<a href="http://www.rrb.gov">www.rrb.gov</a>
Department of Veterans Affairs	877-838-2778 or 800-827-1000	<a href="http://www.va.gov">www.va.gov</a>



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## Direct Deposit Request

Please accept this document as notification that I have established a new checking and/or savings account at The Bank of Orrick. I would like my paycheck to be automatically deposited into my new account according to the instructions below.

**To: Payroll Department**

Employer/Company Name: \_\_\_\_\_

From: \_\_\_\_\_

**Subject: Payroll Direct Deposit**

Date: \_\_\_\_\_

Please attach a  
voided check here

- Establish Direct Deposit
- Change my existing Direct Deposit

**Deposit Instructions:**

- Deposit entire amount to checking account number \_\_\_\_\_
  - Deposit \$ \_\_\_\_\_ to savings account number \_\_\_\_\_
- Deposit the remainder into checking account number \_\_\_\_\_

*The Bank of Orrick Routing Number: 101902201*

**I authorize:**

- The above listed employer/company to change deposits of my funds to my Bank of Orrick checking and/or savings account
- The Bank of Orrick to credit funds to my account(s).
- The authorization to remain in effect until I send written notice of change or cancellation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## *Account Closure Request Form*

**To:**

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

**From:**

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Your Address*

\_\_\_\_\_  
*City State Zip*

**To whom it may concern;**

**Please accept this letter as authorization to close the following account(s) with your financial institution.**

Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Please send any funds remaining to the address above. If you have any questions about this request, please contact me at the following number \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*



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