

THE **Peoples**
Savings Bank
URBANA OHIO

SWITCH KIT

IT'S SO SIMPLE...



...WE'VE GOT THE PROCESS

LICKED!

937-653-1600

10 Monument Square • 618 Scioto Street
www.tpsbank.com

Member
FDIC 

Switch Kit **Check List**

We want to make your move to The Peoples Savings Bank as smooth as possible. That's why we have created a Switch Kit with everything you'll need to quickly and easily change your accounts. The Switch Kit provides all the documentation needed to complete the process. Use the Switch Kit Worksheet to gather all the information needed to identify accounts, deposits, payments, and other account transactions that you need to change. Your Peoples Savings Bank Banker is happy to assist you.

1 Open a checking account at The Peoples Savings Bank.

We offer accounts to fit your financial style. The following services are FREE for all checking accounts: MasterCard Debit Card, Mobile Banking, Online Banking, Bill Pay, E-Statements, and Phone Banking.

2 Discontinue use of your old account.

Balance your old account and leave enough money to cover any minimum balance service charges, outstanding checks, debit card transactions, automatic payments and scheduled bill payments.

3 Change your Direct Deposits and Automatic Payments.

Send a completed Direct Deposit and Automatic Payment Switch Kit form to any company who is automatically depositing or withdrawing funds from your old account. Provide them with The Peoples Savings Bank Routing number "244171902" and your 10-digit account number. Remember those companies that use your old debit card number and any online bill payments. These companies may include:

Direct Deposits

- Employer
- Government
- Child Support
- Tax Refunds
- Investments
- Other

Utilities

- Gas/Electric
- Phone Service
- Water/Sewer
- Cable/Satellite
- Trash
- Other

Other Payments

- Loans/Mortgages
- Child Support
- Insurance
- Memberships
- Credit Cards
- Other

4 Close your old account.

After all automatic transactions have been transferred to your new TPSB account and all outstanding transactions have cleared your old account, please complete the Account Closing Authorization Form. Be sure to destroy any unused checks, deposit slips and ATM/Debit cards.

5 Enjoy your new account at

THE **Peoples**
Savings Bank

Switch Kit **Worksheet**

The Peoples Savings Bank New Account Information:

Routing number: **244171902**

Checking Account # _____ Savings Account # _____

Debit Card # _____ Other _____

Automatic Deposits (Use the Direct Deposit Form)

Company Name Address	Account Number	Phone Number / Web address	Company Form Required?	Date Notified Date Form Mailed Online Change Date	Complete √
Employer					
SSA, VA, Disability, Military					
Retirement/Pension					
Investments/Dividends					
Child Support/Alimony					
Tax Refunds/Other					

Automatic Withdrawals (Use the Automatic Payment Form)

Company Name Address	Account Number	Phone Number / Web address	Company Form Required?	Date Notified Date Form Mailed Online Change Date	Complete √
Electric					
Gas/Propane					
Phone/Cell Carrier					
Cable/Satellite					
Water/Sewer					
Trash					
Mortgage Loan					
Car Loan					
Insurance					
Credit Cards					
Memberships					
Child Support/Alimony					
Lawn Service/Pest Control					
Magazine Subscriptions					
Other					

Direct Deposit Switch Kit Form

Complete this form and submit to the company/agency who is automatically depositing funds into your existing account. Please complete one form for each direct deposit you wish to change.

To:

Company/Agency Name: _____

Address: _____

City, State, Zip: _____

I have recently changed my banking relationship to The Peoples Savings Bank. Please redirect my direct deposit to my new account. My information is as follows:

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Phone Number: _____

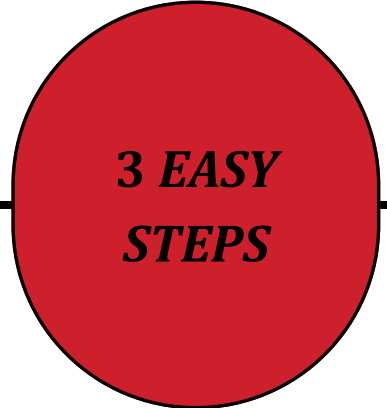
THE PEOPLES SAVINGS BANK

ACCOUNT NUMBER: _____

ROUTING NUMBER: **244171902**

Account Type: Checking Savings

- Check with each company/agency for their policy regarding bank account changes. Some companies require the use of their own forms.
- Social Security/Government agencies allow changes by phone or by log-in access at their websites.
- Please stop in and visit with a New Accounts Representative to assist you with the process.



1. Complete this form.
2. Attach a voided check to this form to confirm your account and routing number.
3. Submit this form to the company/agency of your direct deposit.

OR

If you prefer, we will be glad to assist you with each Direct Deposit Switch Kit Form.

Please attach voided check here

I authorize the company/agency named above to accept this signed form as authorization to direct deposit funds into the above indicated account at The Peoples Savings Bank. I understand it may take up to 30 days to process this request.

Signature X _____

Date _____

Automatic Payment Switch Kit Form

Complete this form to notify a company of your request to redirect your automatic payments from your account at The Peoples Savings Bank. Please complete one form for each automatic payment you wish to change.

To:

Company Name: _____

Address: _____

City, State, Zip: _____

Company Account Number: _____

From:

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Phone Number: _____

Please redirect my automatic payment from my account at:

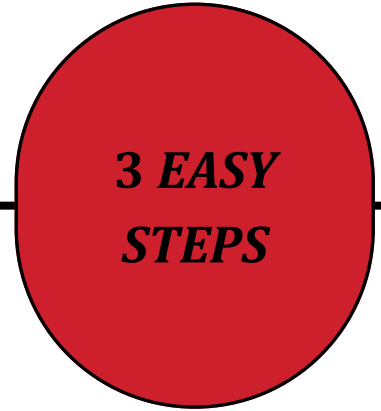
THE PEOPLES SAVINGS BANK

ACCOUNT NUMBER: _____

ROUTING NUMBER: **244171902**

Account Type: Checking Savings

- Check with each company for their policy regarding bank account changes.
- Some companies require the use of their own forms to switch accounts. Others allow changing accounts over the phone or by log-in access at their websites.
- Please stop in and visit with a New Accounts Representative to assist you with the process.



1. Complete this form.
2. Attach a voided check to this form to confirm your account and routing number.
3. Submit this form to the company/agency of your automatic payment

OR

If you prefer, we will be glad to assist you with each Automatic Payment Switch Kit Form.

Please attach voided check here

I authorize the company named above to accept this signed form as authorization to withdraw funds from the above indicated account at The Peoples Savings Bank to satisfy my payment. I understand it may take up to 30 days to process this request.

Signature X _____ Date _____

Bill Pay Switch Kit Form

Complete this form for each bill pay account you plan on switching. Or, simply provide us a recent bill for each company. We will be happy to assist you in the set up of each bill pay account.

Company #1

Company Name: _____

Account Number: _____

Nickname: _____
(Optional: Enter a description that helps you identify the bill)

Address Line 1: _____

Address Line 2: _____
(Optional: To direct the payment to someone, enter either ATTN or C/O before the name)

City: _____ State: _____ Zip Code: _____ - _____

Phone: (_____) _____

Company #2

Company Name: _____

Account Number: _____

Nickname: _____
(Optional: Enter a description that helps you identify the bill)

Address Line 1: _____

Address Line 2: _____
(Optional: To direct the payment to someone, enter either ATTN or C/O before the name)

City: _____ State: _____ Zip Code: _____ - _____

Phone: (_____) _____

Company #3

Company Name: _____

Account Number: _____

Nickname: _____
(Optional: Enter a description that helps you identify the bill)

Address Line 1: _____

Address Line 2: _____
(Optional: To direct the payment to someone, enter either ATTN or C/O before the name)

City: _____ State: _____ Zip Code: _____ - _____

Phone: (_____) _____

Account Closing Authorization Form

Make sure all checks and debit card transactions have cleared your old account and all automatic transactions have been transferred to your new account. Complete this form and submit to your previous financial institution.

To:

Financial Institution: _____

Address: _____

City, State, Zip: _____

From:

Primary Account Owner: _____

Social Security Number: _____

Joint Account Owner: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

This letter is to authorize the closure of my accounts listed below:

Account Number _____ Checking Savings Other

Account Number _____ Checking Savings Other

Please forward a check payable to:

The Peoples Savings Bank

FBO (For the benefit of): _____

Attn: New Accounts

P.O. Box 589

Urbana, OH 43078

Account Owner (at my address above)

Thank you for your prompt attention in this matter.

Sincerely,

Owner Signature X _____ Date _____

(Optional) Joint Owner Signature X _____ Date _____