Making the switch to better banking today!

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

1

Open your new account.

Visit your local branch to open your new TSB account(s).

2

Switch your direct deposits and automatic withdrawals.

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

3

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 TSB.







Page 2 of 4

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 The Savings Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change				
Company or Employer:				
Address:				
City, State, Zip:				
Phone Number:				
Employee ID: (if applicable)				
Effective immediately, ple	ease deposit the net ar	mount of my check t	o my TSB account. I	
authorize (name of depos	itor)			
to automatically deposit f	unds into the account	below. This authoriz	zation shall remain in	
place until I have submitt	ed a new authorization	n, or until this autho	rization is changed or	
revoked by me in writing.				
Place an X next to your des	sired option.			
Net amount t	to TSB CHECKING			
Account #		Routing #	044103976	
Net amount t	to TSB SAVINGS			
Account #		Routing #	044103976	
Signature:		ı	Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				

Direct Deposit Checklist:

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

Pay	/ro	l

Investment	

____ Retirement Plans

____ Social Security





Automatic Withdrawal Authorization

Page 3 of 4

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 \	Vithdrawal Authorization Cha	nge
Name of Company:		
Account Number:		
Payment Amount:		
Address:		
City, State, Zip:		
Phone Number:		
	natic withdrawal from the following account:	
Financial Institution:		
Account #	Bank Routing #	
Please make all future a	utomatic withdrawals from the following acco	ount:
Financial Institution:	The Savings Bank	
Account #	Bank Routing #	044103976
Thank you very much		
	nain in effect until I have submitted to you a new me in writing that this authorization has been cl	
Signature:	D	ate:
Name:		
Address:		
City, State, Zip:		
Phone Number:		

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

	ome l	M	Ior	taaaa
		W	IUI	เรนรบ

	Loans

		ies

____ Insurance

____ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

____ Subscriptions

___ Charity Donations







Page 4 of 4

Account Closure Authorization

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

Notification of Account Closure Authorization			
To Whom It May Conce	rn:		
Financial Institution:			
Address:			
City, State, Zip:			
Please close my accour	nt:		
Account Number:	Primary Owner:		
Address:			
City, State, Zip:			
Account #	red option. sit directly to my new account at TSB. Routing # 044103976 ard me a check to my address listed below.		
Primary Signature:	Date:		
Joint Signature:	Date:		
Name:			
Address:			
City, State, Zip:			
Phone Number:			

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 TSB!



