



SWITCH KIT



ADIRONDACK BANK™

Bank Local

ADIRONDACK BANK'S SWITCH KIT

Let us make switching your financial institution a breeze!

Thank you for choosing **Adirondack Bank** as your financial services provider. Follow the steps below to help make your transition easier. If you have any questions, please call your local branch for assistance!

Switch Kit Checklist

Step 1

Gather Your Old Account Information

- ✓ Last 3 bank statements - this will help you account for all of your automatic payments and direct deposits. If you have recurring payments that occur quarterly or yearly (such as insurance, gym memberships, investments or charitable donations), be sure to note these as well.

Step 2

Switch Your Direct Deposit(s)

- ✓ Complete the Authorization to Switch Direct Deposit Form and give it to your employer.
- ✓ If you have Social Security Direct Deposit you can either call the Social Security Administration at 1-800-772-1213 or visit them at www.ssa.gov/deposit/howtosign.htm.
(Retain copies for your records.)

Step 3

Switch Your Automatic Payment(s)

Automatic Payment Checklist

- | | | | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Loans | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Internet | <input type="checkbox"/> Insurance(s) |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Health Club | <input type="checkbox"/> Utilities | <input type="checkbox"/> Charities | <input type="checkbox"/> Other | _____ |

- ✓ How many automatic payments will you be transferring? Make sufficient copies of the Automatic Payment Transfer Letter so you have one for each payment.
- ✓ Complete one Automatic Payment Transfer Letter for each payment that you will be transferring.
(Retain copies for your records.)



Step 4

Close Your Old Account(s)

- ✓ Make sure that all of your outstanding checks have cleared your account.
- ✓ Make sure that all automatic payments have transferred to your Adirondack Bank account.
- ✓ Complete the Authorization to Close Request Form and send it to your old financial institution.
(If your account is interest bearing, be mindful when choosing your account closing date.)

Step 5

Simplify Your Life

- ✓ Adirondack Bank can help to simplify your life by offering you the financial options that you need.
Did you sign up for the following:

- | | |
|--|--|
| <input type="checkbox"/> ADK Canvas Debit Card | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> eStatements | <input type="checkbox"/> Savings / Club Accounts |
| <input type="checkbox"/> HSA Account | <input type="checkbox"/> Certificates of Deposit |

In the market for a new loan or maybe you want to save some interest and refinance your current loan from another institution?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Home Equity (Loans & Lines) | <input type="checkbox"/> Mortgages |
| <input type="checkbox"/> ADvantage Line of Credit | <input type="checkbox"/> Credit Card |



Authorization to Switch Direct Deposit (Give to employer)

I authorize (Company Information) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Account Number _____

Customer's Signature _____

Print Name _____

Joint Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____



Adirondack Bank, 185 Genesee Street, Utica, NY 13501

Phone: 877-404-2265 Option 1

ACH Routing/Transit Number: 221371709

Account # _____

Distribution:

1. Savings Amount: _____ 2. Checking Amount: _____

Please direct my automatic payment to my new **Adirondack Bank Account** effective:

Immediately OR Beginning ____ / ____ / ____

I understand that it may take up to 30 days to process this request.

Member
FDIC



ADIRONDACK BANK

Automatic Payment Transfer Letter

(Make a copy for each payment that needs to be transferred)

Date _____

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

I would like to change my payment instructions. Currently, you are debiting payment from my old bank account at:

Name _____

Routing Number: _____ Account Number: _____

As of _____ (date), please stop debiting this account and start debiting this payment from my new account at **Adirondack Bank**. My new information is as follows:

APPROVAL DOCUMENT
PERSONAL - 10 digits
plz verify micr specs, logo & screen
sample void

166
5/9/17/2213
2

Date _____

Pay to the Order of _____ \$ _____

Dollars

ADIRONDACK BANK
38 HADJIS WAY
LAKE PLACID, NY 12946

For _____

MP

221371709 1234567890 0166

Routing Number Account Number Check Number

Adirondack Bank

Routing Number: _____ Account Number: _____

Please send me a written confirmation of the date this change will be effective on your systems.

Customer's Signature _____

Print Name _____

Account Number with Payee _____

Address _____

City _____ State _____ Zip _____

Member
FDIC



ADIRONDACK BANK

Authorization To Close Request

Date _____

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

This letter is to inform you that I have decided to close the account(s) listed below as of _____ (date).

☐ Please close the account(s) noted below and mail the balance and any interest earned to my address.

☐ Please close the account(s) noted below and wire the balance and any interest earned to my new Adirondack Bank account, also noted below.

Account 1 ☐ Savings ☐ Checking

Existing Account Number: _____ Existing Routing Number: _____
to Adirondack Bank

New Account Number: _____ New Routing Number: _____

Account 2 ☐ Savings ☐ Checking

Existing Account Number: _____ Existing Routing Number: _____
to Adirondack Bank

New Account Number: _____ New Routing Number: _____

Account 3 ☐ Savings ☐ Checking

Existing Account Number: _____ Existing Routing Number: _____
to Adirondack Bank

New Account Number: _____ New Routing Number: _____

Upon closure of the account(s), please send a confirmation to the address below.

Sincerely,

Customer's Signature _____

Print Name _____

Joint Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____



Automatic Payment Change Notification

Consult the Automatic Payment Checklist to determine which companies you need to notify that you have switched your checking account to **Adirondack Bank**. After notifications, these companies should establish automatic payments from your new checking account. If you have any questions, please contact **Adirondack Bank**.

Automatic Payment Checklist

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Internet / Telephone |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Health Clubs | <input type="checkbox"/> Cable / Electricity |
| <input type="checkbox"/> Charities | <input type="checkbox"/> Other_____ |

Adirondack Bank wants to ensure that you have not omitted any payments. Please review your last three monthly account statements (example: checking, etc.) to ensure all automatic payments are accounted for.





ADIRONDACK BANK™

Bank Local

Utica	Mohawk	Little Falls	Sylvan Beach	Saranac Lake
Rome	Herkimer	Holland Patent	Syracuse	Lake Placid
Whitesboro	Ilion	Boonville	Old Forge	Plattsburgh

185 Genesee Street, Utica, NY 13501

315-ADKBANK or 1-877-404-BANK(2265)
adkbank.com

