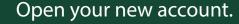
Getting Started

Making the switch to better banking today!

You can make the move to East Chambers County Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to ECCB, where you'll enjoy a better experience for all your banking needs!



Apply online in minutes or visit your local branch to open your new ECCB account(s).

Switch your direct deposits and automatic withdrawals.

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

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 ECCB.





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 ECCB account. Use one form for each direct deposit.

Notification of Dire	Direct Deposit Checklist:			
Company or Employer:				Use this list to remember all your direct deposits you need to transfer. These are the most
Address:				common direct deposits.
City, State, Zip:				Payroll
Phone Number:				Investments
Employee ID:				Retirement Plans
(if applicable)				Social Security
Effective immediately, ple	ease deposit the net amou	nt of my check t	o my ECCB account. I	
authorize (name of depos	itor)			
to automatically deposit f	unds into the account bel	ow. This authoriz	ation shall remain in	
place until I have submit	ted a new authorization, o	r until this autho	rization is changed or	
revoked by me in writing.				
Place an X next to your desir	ed option.			
Net amount t	o ECCB CHECKING			
Account #		Routing #	113107162	
Net amount t	o ECCB SAVINGS			
Account #		Routing #	113107162	
Signature:		[Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				





Automatic Withdrawal 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 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 W	/ithdrawal Authorization Chang	e	Automatic Withdrawal Checklist:
Name of Company:			Use this list to remember all your
Account Number:			automatic payments you need to transfer. These are some of the
Payment Amount:		_	most commonly used automatic payments.
Address:			Home Mortgage
City, State, Zip:			
Phone Number:			Auto Loans
			Utilities
Please cancel all autom	atic withdrawals from my old institution:		Insurance
Financial Institution:			Cable/Internet
			Gym/Club Memberships
Account #	Bank Routing #		Credit Cards
Please make all future a	automatic withdrawals from my new institution:		Investments
Financial Institution:	East Chambers County Bank		Subscriptions
Account #	Bank Routing #	113107162	Charity Donations
	ain in effect until I have submitted to you a new authome in writing that this authorization has been change		
Signature:	Da	ite:	
Name:			
Address:			
City, State, Zip:			
Phone Number:			





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new ECCB 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 A	Congratulations!	
To Whom It May Concer Financial Institution: Address: City, State, Zip:		You had to sign your name a few timesbut 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 ECCB!
Please close my accoun Account Number: Address: City, State, Zip:	Primary Owner:	
Account #		
Primary Signature: Joint Signature: Name: Address: City, State, Zip: Phone Number:	Date:	

