



# **The First Columbia Bank & Trust Co. Switch Kit**

Switching banks can be a hassle, so First Columbia Bank & Trust Co. has created this Switch Kit to help you move your banking relationship to First Columbia.

## **Easy. Simple. Quick.**

**In this kit you will find...**

1. Five easy steps on switching to First Columbia Bank & Trust Co.
2. Simple answers to frequently asked questions
3. Form letter to use for switching
4. Helpful organizers

# Easy

## It's Easy to Switch!

Follow these simple steps to move your banking relationship to First Columbia Bank & Trust Co.

1. **Open a First Columbia Checking Account.** We will help you decide which account best fits your needs. Open a First Columbia Checking account at any of our 13 locations.
2. **Stop Using Your Previous Checking Account.** Allow time for outstanding checks and debits to clear – usually about 10 days.
3. **Move Your Direct Deposit(s) to First Columbia.** Notify anyone making Direct Deposits to your previous account of your new First Columbia Bank information. Enclosed is a Direct Deposit authorization form to assist you in quickly making this switch.
4. **Transfer Any Automatic Payments and Debits to First Columbia.** Notify anyone deducting automatic payments (mortgage, insurance, etc.) from your previous account of your new First Columbia Bank information. Enclosed is an Automatic Payment Form to assist you in quickly making this switch.
5. **Close Your Previous Checking Account.** After all your checks and automatic payments have cleared, close your previous checking account. Enclosed is a form to notify your previous bank of your decision to close your account(s).

If you have questions during this process, we are always here to help at (570) 784-1660. You can also visit any of our 13 branch locations or [www.firstcolumbiabank.com](http://www.firstcolumbiabank.com).

# Simple

## Answers to Frequently Asked Questions

**Q: What should I do to have my paycheck deposited electronically into my First Columbia Bank account?**

A: Enclosed is a Direct Deposit Authorization Form that you can complete and sign to authorize the payroll switch. This form should be given to your payroll depositor.

**Q: What should I do to have my Social Security payment directly deposited into my First Columbia Bank checking account?**

A: For Social Security Direct Deposits call the Social Security Administration at 1-800-772-1213, or go to [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm).

**Q: What should I do to have payments that are automatically deducted from my old checking account transferred to my new First Columbia Bank account?**

A: Enclosed is an Automatic Payment Form to have drafts/automatic payments transferred to your First Columbia Bank account.

**Q: What should I do if I have trouble switching my account?**

A: Call First Columbia Bank at (570) 784-1660, or visit any of our nine branch locations.

**Q: How do I close my previous checking account?**

A: Enclosed is an Account Closing Form that can be used to notify your previous bank of your closing request.

# Quick

## Instructions and Forms

We are including four forms that will help you make a quick switch to First Columbia Bank! Just complete and send these to the appropriate contacts to have automatic payment drafts and Direct Deposits moved to your new First Columbia Bank account. We have also included a letter to have your previous bank account closed. Instructions and organizers are also included.

### **Form #1 – Customer Information Sheet**

Complete the Customer Information Sheet and bring it in to any First Columbia Bank location to open your new account. Having this form already completed will help speed up the opening of your new account.

### **Form #2 – Direct Deposit Request**

Use this Direct Deposit Request to establish Direct Deposit or change Direct Deposit from accounts at your other bank to First Columbia Bank accounts. Use one copy for each Direct Deposit you need to have set up.

### **Form #3 – Automatic Payment Request**

Use the Automatic Payment Request to set up automatic payments from your First Columbia Bank account. Use one copy to notify each merchant of your new bank information.

### **Form #4 – Account Closing Request**

Use the Account Closing Request to close accounts at other banks. You can use one form for all accounts at the same financial institution. Use separate forms for each bank if accounts are at different banks.

# Customer Information Sheet

(Please print; do not sign before bringing to the bank)

## Owner 1

Name \_\_\_\_\_  
Last First MI

SS# \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Township/Boro \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Valid Driver's License # \_\_\_\_\_

State \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_

2<sup>nd</sup> Form of Identification \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Signature \_\_\_\_\_

If joint account, both parties must be present to open the account.

## Owner 2

Name \_\_\_\_\_  
Last First MI

SS# \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Township/Boro \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Valid Driver's License # \_\_\_\_\_

State \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_

2<sup>nd</sup> Form of Identification \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Signature \_\_\_\_\_

If joint account, both parties must be present to open the account.

# Direct Deposit Request Organizer

## Direct Deposit:

Use this resource to identify and track the status of your Direct Deposit.

## Direct Deposit Request:

Before sending the Direct Deposit Request:

1. Check with your employer or source of income to make sure no other forms are required. For Social Security Direct Deposit, call the Social Security Administration at 1-800-772-1213, or go to [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm).
2. Use the enclosed form to establish your Direct Deposit at First Columbia Bank by providing it to your employer/source of income.
3. Maintain the account at your previous bank until the Direct Deposit has switched over to your new First Columbia Bank account.

## After you have sent the Direct Deposit Request:

1. Confirm with your employer/source of income that the form was received.
2. Monitor your account by logging on to your free Online Banking at [www.firstcolumbiabank.com](http://www.firstcolumbiabank.com) to verify that your Direct Deposit has begun.

## Examples of Direct Deposit include:

Pay Check                                      Interest Income/Dividends                      Social Security  
VA Compensation                              Military Pay  
Retirement/Pension Plan Income

Direct Deposit	Company Name	Last Deposit Date	Date Letter Mailed	Estimated Switch Date	Status

# Direct Deposit Request

I would like my income to be automatically deposited to my First Columbia Bank & Trust Co. account according to the instructions below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax#: \_\_\_\_\_

- Establish Direct Deposit
- Change my existing Direct Deposit

Employer or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer ID or Account Number: \_\_\_\_\_

## Bank Account Information:

Account Type: (circle one)

Checking

Savings

Money Market

First Columbia Bank Routing Number: 031305936

First Columbia Bank Account Number: \_\_\_\_\_

I authorize \_\_\_\_\_ (company name/employer) to make deposits into my First Columbia Bank & Trust Co. account indicated above, and to make (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

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



# Automatic Payment Request

I would like the following payment to be automatically debited from my First Columbia Bank & Trust Co. account according to the instructions below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax#: \_\_\_\_\_

- Establish Automatic Payment
- Change my existing Automatic Payment

Amount: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Bank Account Information:

Account Type: (circle one)  
Checking

Savings

Money Market

First Columbia Bank Routing Number: 031305936

First Columbia Bank Account Number: \_\_\_\_\_

I authorize \_\_\_\_\_ (payee) to initiate payments from my First Columbia Bank & Trust Co. account, and to make the necessary adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

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

# Account Closing Request Instructions

## **Account Closing Request:**

Before sending the account closing request

1. Check with your previous bank to make sure no additional forms or information are required.
2. Inquire about possible penalties with respect to early withdrawal before you close your account.

## **After you have sent the Account Closing Request**

1. Check account statements to verify that all accounts have a zero balance and have been closed.

# Account Closing Request

Please close my account(s) described below effective \_\_\_\_\_ (date) as indicated. Please process this request and forward any remaining funds in the account(s) by check to the address indicated below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax#: \_\_\_\_\_

## The following account numbers indicate the accounts to be closed:

Checking: \_\_\_\_\_ Account Owners: \_\_\_\_\_

Checking: \_\_\_\_\_ Account Owners: \_\_\_\_\_

Savings: \_\_\_\_\_ Account Owners: \_\_\_\_\_

Savings: \_\_\_\_\_ Account Owners: \_\_\_\_\_

Money Market: \_\_\_\_\_ Account Owners: \_\_\_\_\_

Money Market: \_\_\_\_\_ Account Owners: \_\_\_\_\_

If you have any questions about this request, please contact me immediately. Otherwise, please send any remaining funds by check to the following address:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_

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

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