# Switch Kit



Switching your accounts only takes a few easy steps!

- Open your new Queenstown Bank account at one of our 9 branch locations or online at <u>queenstownbank.com</u>. Don't forget to sign up for our Electronic Banking services!
- 2. Stop using your old checking account(s) and allow outstanding payments and checks to clear the account(s).
- 3. Set up your direct deposit(s) by sending the <u>Direct Deposit Change Request</u> to your employer or your retirement plan along with a voided Queenstown Bank check.
  - You can set up your Social Security Benefits by visiting GoDirect.gov or calling the Social Security Administration at 800-333-1795.
- 4. Change your automatic payments using the <u>Automatic Payment Change Request</u>. This form can be used for all automatic payments or withdrawals from your account. Remember to switch over payments processed through your debit card as well.
- When all of your pending payments have cleared your old account and your automatic payments have cleared your new Queenstown Bank account, close your old account using the <u>Account Closing</u> <u>Authorization</u>.

#### Track your progress:

☐ Sign up for Online Banking, Bill Pay, and
eStatements

☐ Open your new Queenstown Bank account

$\hfill \square$ Verify there are enough funds in yo	ur old account
to cover outstanding payments	

	Transfer	any a	automatic	c debit	card	payments	to
,	your new	Que	enstown	Bank (	debit	card	

☐ Contact your direct deposit providers to a	alert them
of your new account	

□ Confirm all credits	and	debits	have	cleared	your
old account					

☐ Confirm all automatic payments have cleared you	r
new Oueenstown Bank account	

☐ Close your old accou	ınt by sendir	ng written	notice
to your financial instit	ution		

### Have questions or need help?

Stop by any location or call 410-827-8881







Use these lists to keep track of which direct deposits and automatic payments have been switched:

Deposits	Company Name	Account Number	Date Sent	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

Automatic Payments	Company Name	Account Number	Date Sent	✓
Mortgage/Rent				
Car				
Car				
Insurance				
Insurance				
Telephone				
Cell Phone				
Electricity				
Gas				
Water				
Cable/Satellite				
Internet Service				
Other				
Other				
Other				



# **Direct Deposit Change Request**

□ Change □ New	
Company Information	
Name	Date
Address	
City, State, Zip	Phone
Individual Information	
Name	Date
Address	
City, State, Zip	Phone
I have closed account number at at and hereby authorize the transfer of my direct deposit to my new basubmit this letter as written notification.	nk, Queenstown Bank, and
Deposit Instructions (*Attach a voided check copy)	
Financial Institution: Queenstown Bank of Maryland	
Routing Number: 052101957 (Queenstown Bank of Maryland)	
☐ Deposit the entire amount into account number	
☐ Deposit \$ into account number and the remainder into account number	
<ul> <li>I authorize:</li> <li>The above listed entity to initiate deposit of my funds to my G account(s)</li> <li>Queenstown Bank to credit entries to my account</li> <li>The notice to remain in effect until I send written notice of characteristics.</li> </ul>	
Signature	Date
Printed Name	

Member **FDIC** 





## **Automatic Payment Change Request**

Complete a separate form for each payment. This form may be copied. Don't forget that many automatic payments can be set up directly with Queenstown Bank's Bill Pay!

☐ Change ☐ New	
Customer Information	
Name	Date
Address	
City, State, Zip	Phone
Vendor/Payee Information (Complete as much as possible)	
Name	Account Number
Address	
City, State, Zip	Phone
New Bank Information	
Financial Institution: Queenstown Bank of Maryland Routing	
Number: 052101957 (Queenstown Bank of Maryland)	
Account Number:	
☐ Checking ☐ Savings	
Effective immediately, I authorize the above referenced Vendor/Payee and initiate entries into my Queenstown Bank account. This authorization will renotify the referenced vendor in writing to cancel this request within a reason	emain in effect until I
Signature	Date
Printed Name	

FDIC





## **Account Closing Authorization**

To:	
(Current financial institution)	
From:	
Name	Date
Address	
City, State, Zip	Phone
Accounts:	
Account Number:	□ Checking □ Savings □ Other
Account Number:	□ Checking □ Savings □ Other
Account Number:	□ Checking □ Savings □ Other
Account Number:	□ Checking □ Savings □ Other
I hereby authorize the above listed account(s) be closed. accounts to:	Please mail any remaining funds in these
$\square$ Me, at the above listed address	
☐ Queenstown Bank of Maryland Attn: Customer Service P.O Box 120 Queenstown, MD 21658 Account number to be credited:	
Primary Account Holder Signature	Date
Printed Name	
Joint Account Holder Signature	Date
Printed Name	

Note: Prior to sending this Account Closing Authorization, please review your Queenstown Bank account statements to ensure all payments and deposits have been switched to your new Queenstown Bank account.



