



Switch Kit

Authorization to Close

To close out your account(s) at your current bank, please complete an Authorization to Close form and mail the completed form(s) to your current bank for processing.

Previous Bank Name	Name on Account
Account #	Joint Owner (if applicable)
Customer Address	Customer Address
City	State Zip

Please close the following accounts:

- Checking Account Account # _____
- Savings Account Account # _____
- Other Account Account # _____

Please send a check payable to me/us for the remaining balance in the above accounts to the address on file.

Signature: x	Signature: x
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Direct Deposit Change Authorization

Complete this form and submit it to any company or organization who is automatically depositing funds to your existing account to authorize a change to your new account.

Name	2 nd Name – Joint (if applicable)
Address	Address
City	State Zip
Home Phone	Work Phone

Please discontinue sending my automatic deposit to:

Name of Financial Institution:

Please begin sending this deposit to:

Eastern Savings Bank
P. O. Box 709
Norwich, CT 06360
860-889-7381

Please check one:

- Deposit entire amount to the account listed
or
 Deposit \$_____ to account listed

Routing #	Account #
211170253	

I authorize you to initiate deposit of my funds to an Eastern Savings Bank account listed above and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature: x

Eastern Savings Bank
Member FDIC



Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your current account (loan/mortgage payments, insurance, gym membership). Remember, this could take a few weeks to process.

Name	
Phone	
Address	Address
City	State Zip

I currently have my payment automatically withdrawn from:

Name of Financial Institution

Please transfer this monthly transaction to:

Eastern Savings Bank
P. O. Box 709
Norwich, CT 06360
860-889-7381

Routing # 211170253	Account #
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I authorize you to redirect future automated payment withdrawals to Eastern Savings Bank.

Signature: x
