



# 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: <b>x</b>	Signature: <b>x</b>
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# Switch Kit

## 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 <sup>nd</sup> Name – Joint (if applicable)	
Address	Address	
City	State	Zip
Home Phone	Work Phone	

**Please discontinue sending my automatic deposit to:**

Name of Financial Institution:
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**Please begin sending this deposit to:**

**Eastern CT 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

<b>ECSB Routing #</b> <b>211170253</b>	<b>ECSB Account #</b>
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I authorize you to initiate deposit of my funds to an Eastern CT Savings Bank account listed above and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature: <b>x</b>
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# Switch Kit

## 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### I currently have my payment automatically withdrawn from: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
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### Please transfer this monthly transaction to:

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

<b>ECSB Routing #</b> <b>211170253</b>	<b>ECSB Account #</b>
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I authorize you to redirect future automated payment withdrawals to Eastern CT Savings Bank.

Signature: <b>x</b>
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Eastern CT Savings Bank  
Member FDIC