



Biddeford
Savings

Switch Kit

Switching your account is Quick and Easy!

Our step-by-step switch kit allows you to organize and begin switching your account TODAY! Need help? Call or stop by your nearest branch and we'll walk you through the process.

Open Your New Account

Stop by your local Biddeford Savings branch to open your new checking account. We offer several account options which are sure to fit your needs. Visit a branch near you: www.biddefordsavings.com/locations.asp or call us at (207)284-5906

Direct Deposit

To redirect your direct deposits to your Biddeford Savings account.

Redirect your existing direct deposits or initiate a direct deposit to your new account. Complete a copy of the attached **Direct Deposit Authorization** for each company that makes direct deposits into your account. You can mail the authorization directly to the company or bring it to your local Biddeford Savings branch and we'll take care of it for you. Be sure to include your new deposit slip or a voided check with your form.

Automatic Payment Authorization

To redirect your automatic payments to your Biddeford Savings account.

Complete a copy of the attached **Automatic Payments Authorization** for each company with which you have an automatic payment. You may send the authorization directly to each company or stop by your local Biddeford Savings branch and we'll be glad to mail the authorizations for you.

Closed Account Authorization

To close your former bank account

Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals you are ready to switch. Just complete the attached **Closed Account Authorization** and send it to your former bank or bring it to your local Biddeford Savings branch and we'll handle the rest.



Biddeford
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MEMBER FDIC



EQUAL HOUSING LENDER

Ready to Switch Transfer Checklist

Use this checklist to make the transition easier

DIRECT DEPOSIT AUTHORIZATION

Company/Financial Institution	Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete

AUTOMATIC PAYMENT AUTHORIZATION

Company	Type of Payment/Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete

CLOSED ACCOUNT AUTHORIZATION

Financial Institution	Type of Account/Balance	Date Mailed or Contacted	Follow-up Date	Balance Transfer Complete

HELPFUL HINTS

Make sure that all automatic payments and direct deposit requests have been processed prior to closing your account. This process could take 1-2 months to take affect.

Make sure you have enough money in your old account to cover outstanding debits.

Make sure all checks have cleared your old checking account. This process could take up to 10 days.

Stop using your old account. Destroy unused checks, deposit slips, ATM and debit cards.

Complete the attached forms and send them to the appropriate organizations. Other organizations may require you to complete additional forms in order to process your request.

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Direct Deposit Authorization

Social Security • Payroll & Commissions • Pension/Retirement • Child Support • Investment Income

Send this form to all your current direct deposit contacts to redirect your deposits. If you do not currently have direct deposit, start today by filling out the information below, including your new account number, and sending it to your direct deposit contacts. Include a voided Biddeford Savings check.

TYPE and AMOUNT OF AUTOMATIC DEPOSIT:	<input type="checkbox"/> Payroll	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Investment Income
	<input type="checkbox"/> Social Security (Additional forms required – www.ssa.gov or call 1(800) 772-1213		
	<input type="checkbox"/> Other (Please Specify)		
DEPOSITOR INFORMATION (The company or organization that issues the direct deposit)			
NAME OF COMPANY/ORGANIZATION		PHONE	
ADDRESS			
CITY		STATE	ZIP
RECIPIENT INFORMATION (The person into whose account the direct deposit is made)			
I/we have opened a new account with Biddeford Savings. Please redirect the deposit for the account listed below to my new account.			
NAME			
ADDRESS			
CITY		STATE	ZIP
SOCIAL SECURITY NUMBER		PHONE	
BANK ACCOUNT INFORMATION: Please discontinue the automated transactions currently set up and set up my new direct deposit into my new account with:			
Biddeford Savings Routing Number: 211274395			
Bank Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Special Instructions:			
AUTHORIZATION: This letter serves as authorization to have my direct deposit transferred to my new Biddeford Savings account, effective immediately.			
Account Holder Signature:		Date:	
Account Holder Signature:		Date:	

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Automatic Payment Authorization

Utilities · Internet Service providers · Loans · Vendors · Account Transfers

Send this form to all companies you currently have automatic withdrawals set up with to redirect your automatic payments/withdrawals. Don't forget the companies that use your old debit card number and automatic payments made online. Be sure to include a voided Biddeford Savings check. This may also be used for new payments.

BILLER INFORMATION (The company or organization that receives automatic payment)			
NAME OF COMPANY		PHONE	
ADDRESS			
CITY, STATE, ZIP			
CURRENT BANK/ACCOUNT #/ROUTING #/DATE OF PAYMENT			
CUSTOMER INFORMATION (The person from whose account the automatic payment is made)			
NAME		BILLING ACCOUNT NUMBER	
TELEPHONE			
ADDRESS			
CITY, STATE, ZIP			
BANK ACCOUNT INFORMATION: Please stop making payments/withdrawals from my previous account and begin making them from the Biddeford Savings account below:			
Biddeford Savings Routing Number: 211274395			
Bank Account Number	Amount	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Special Instructions:			
AUTHORIZATION: This letter serves as authorization to transfer or establish my automatic payment to my new Biddeford Savings account, effective immediately.			
Account Holder Signature:		Date:	
Account Holder Signature:		Date:	

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Closed Account Authorization

This form can be used to authorize the closure of your account at your previous financial institution. Be sure to verify that any outstanding items have cleared and your direct deposits or automated payments have been switched over to your new account.

FORMER FINANCIAL INSTITUTION INFORMATION

FORMER FINANCIAL INSTITUTION

ADDRESS

CITY, STATE, ZIP

ACCOUNT HOLDER INFORMATION

CUSTOMER NAME

ADDRESS

SOCIAL SECURITY NUMBER

DAYTIME TELEPHONE NUMBER

Please immediately close and transfer the balances of the following account(s):

Account Number: Checking Savings Other

Account Number: Checking Savings Other

Account Number: Checking Savings Other

Please transfer balances by check payable to the above Account Holder, c/o Biddeford Savings. Check should be mailed to Biddeford Savings, Attn: _____

Please reference account number noted below on check.

BIDDEFORD SAVINGS ACCOUNT INFORMATION

Biddeford Savings Routing Number: 211274395

Bank Account Number:

AUTHORIZATION: This serves as authorization to close the account(s) listed above and transfer the balance to my new Biddeford Savings account.

Account Holder Signature:

Date:

Account Holder Signature:

Date:

Please notify account holder immediately if this form is not sufficient to close the account.



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