

Getting Started

Make the switch to your new banking home: **Benchmark!**

You can make the move to **Benchmark Community Bank** in three easy steps.

This convenient Switch Kit gives you everything you'll need.

We are excited to welcome you to **Benchmark**. *With you for Life!*

1

Open your new account.

Visit your local branch to open your new Benchmark Community Bank account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Benchmark Community Bank.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Benchmark Community Bank.

BCB SWITCH KIT

Direct Deposit Authorization

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Benchmark Community Bank account. Use one form for each direct deposit. You may type directly into this form or make copies and enter your information by hand.

Notification of Direct Deposit Authorization Change

Company or Employer: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Employee ID: _____
(if applicable)

Effective immediately, please deposit the net amount of my check to my Benchmark Community Bank account. I authorize _____ (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

Net amount to Benchmark Community Bank CHECKING
Account # _____ 0514 0248 2

Net amount to Benchmark Community Bank SAVINGS
Account # _____ 0514 0248 2

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits:

- Payroll
- Investments
- Retirement Plans
- Social Security



BCB SWITCH KIT

Automatic Withdrawal Authorization

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Many companies and agencies will allow you to change your payment account on your profile page of their website.

Notification of Withdrawal Authorization Change

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, ZIP:

Phone Number:

Please **change** my automatic withdrawal from the following account:

Financial Institution:

Account # Bank Routing#

Please make all **future** automatic withdrawals from the following account:

Financial Institution: **Benchmark Community Bank**

Account # Bank Routing# **0514 0248 2**

Thank you very much.

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date:

Name:

Address:

City, State, ZIP:

Phone Number:

Automatic Withdrawal Checklist:

What automatic withdrawals do you have coming from your account each month? This list will help you remember:

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Memberships
- Credit Cards
- Investments
- Subscriptions
- Charity Donations



BCB SWITCH KIT

Account Closure Authorization

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account. You can authorize your remaining balance to be deposited automatically to your new Benchmark Community Bank account(s) or paid by a check forwarded to your mailing address.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:
Address:
City, State, ZIP:

Please close my account:

Account Number: Primary Owner:
Address:
City, State, ZIP:

Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at
Account # 0514 0248 2

Please forward me a check to my address listed below.

Primary Signature: Date:
Joint Signature:
Name:
Address:
City, State, ZIP:
Phone Number:

Welcome to Benchmark!

Drop these forms by your local Benchmark branch, and we'll finish the switch for you.

You might want to keep copies of these forms handy in case there are any accounts you might have forgotten.

With you for Life!

