



HEBRON SAVINGS BANK

EZ SWITCH KIT

Three Simple Forms to Help You
Quickly and Easily Switch Your Banking to
Hebron Savings Bank:

- 1) Direct Deposit ***EZ SWITCH*** Form
- 2) Automatic Payment/Withdrawal ***EZ SWITCH*** Form
- 3) Bank Account Closing ***EZ SWITCH*** Form



DIRECT DEPOSIT EZ SWITCH FORM

Use this form to notify your employer to redirect your payroll checks to your new Hebron Savings Bank account. Please complete one form for each automatic deposit you wish to change.

TO:

Employer Name

Employer Address

Employer City, State, Zip

Employee ID Number (if applicable)

I have opened a new account at Hebron Savings Bank. Please redirect my direct deposit to my new account:

Hebron Savings Bank Account Number

052101669

Hebron Savings Bank Routing Number

Amount and/or Other Information

FROM:

Name

Address

City, State, Zip

Telephone Number

Signature

Date

*Attach new
Hebron Savings Bank
voided check here.*

If you are unable to accept this form, please mail your authorized form to me at the address above.



AUTOMATIC PAYMENT/WITHDRAWAL *EZ SWITCH* FORM

Use this form to notify a company to redirect your automatic payment/withdrawal to your new Hebron Savings Bank account. Please complete one form for each automatic payment/withdrawal you wish to change.

TO:

Merchant Name

Merchant Address

Merchant City, State, Zip

Merchant Account Number

I have opened a new account at Hebron Savings Bank. Please redirect my automatic payment to my new account:

Hebron Savings Bank Account Number

052101669

Hebron Savings Bank Routing Number

Amount and/or Other Information

FROM:

Name

Address

City, State, Zip

Telephone Number

Signature

*Attach new
Hebron Savings Bank
voided check here.*

Date

If you are unable to accept this form, please mail your authorized form to me at the address above.



BANK ACCOUNT CLOSING *EZ SWITCH* FORM

Use this form to notify your former bank to close your account(s). Please complete one form for each request.

TO:

Former Bank Name

Former Bank Address

Former Bank City, State, Zip

Please close my account(s) listed below and forward an official bank check to me for the total balance (plus any interest accrued, if applicable) to the address listed below:

Account Number

Type of Account

Account Number

Type of Account

Account Number

Type of Account

FROM:

Name

Address

City, State, Zip

Telephone Number

Customer Signature

Date

Joint Account Holder Signature

Date

If you are unable to accept this form, please mail your authorized form to me at the address above.