

TRANSITION CHECKLIST

GET STARTED:

- Stop by any of our branches and open your new account or accounts. If your co-applicant can't join you during your bank's visit, simply bring this form and a photocopy of his/her valid Connecticut driver's license or a U.S. government-issued picture ID.
- Contact your employer to change your direct payroll deposit to your new account.
- Switch your automatic withdrawals to The First Bank of Greenwich.
- Switch charges automatically billed to your old debit card by contacting the company that receives the payments and tell them to charge your new Debit MasterCard® instead. They'll need your new card number and expiration date.
- Destroy old checks, ATM/debit cards and deposit slips from your old bank.
- Let outstanding checks or automatic withdrawals clear, then close your old bank account(s).

If you need help completing any of the forms, just visit your local branch or call us at 203.629.8400.

Send a copy of this form to each company that you would like to pay from your First Bank of Greenwich account automatically. Complete this form for each automatic bill payment, and attach a voided check from your new Checking account. Please allow sufficient time for your first automatic bill payments to be activated against your new Checking account or visit merchant's website for further instructions.

To Whom It May Concern:

Date: _____

I am requesting that my payment be automatically deducted from my First Bank of Greenwich Checking Account.

Name of Company That Makes Automatic Withdrawal

Account Number with this Company _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

You are currently debiting \$ _____ from _____
(name of former bank)

Please cancel the withdrawal and switch the debit from that institution to The First Bank of Greenwich.

Banking Routing Number: 021114153

Account Number: _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at _____
(phone number)

or email me at _____

Signature _____

Account Owner _____

Address _____

City _____ State _____ Zip _____

Complete this form and give it to your employer. Each employer is different, so talk to your employer's human resources or payroll department if you have any questions. For Social Security benefits call the U.S. Department of the Treasury at 800.772.1213. Direct deposit arrangements can be made directly over the telephone or online at www.godirect.org.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below and I authorize and request The First Bank of Greenwich to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Other information employer may need (SSN, ID#, etc...) _____

Preferred Contact _____
(phone number)

(email)

Please make the following changes to my payroll/direct deposit.

Financial Institution Name	Routing Number	Account Number	Amount
The First Bank of Greenwich	021114153		\$
The First Bank of Greenwich	021114153		\$
The First Bank of Greenwich	021114153		\$
			\$

Employer/Company's Name _____

Attn: (contact name) _____

Employer/Company's Address _____

City _____ State _____ Zip _____

Tel: _____ Fax: _____

Signature _____ Date _____

ACCOUNT CLOSING REQUEST

Send this request to your former bank(s). Please keep sufficient funds in the account until all outstanding checks clear and automatic withdrawals transfer to the new account.

Customer Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Please close the following account(s) I currently own:

CHECKING ACCOUNT

1. _____ (account number) 2. _____ (account number)

SAVINGS ACCOUNT

1. _____ (account number) 2. _____ (account number)

MONEY MARKET

1. _____ (account number) 2. _____ (account number)

CERTIFICATE OF DEPOSIT

1. _____ (account number) 2. _____ (account number)

Please send a check for the remaining balance payable to The First Bank of Greenwich for the benefit of

_____ (your name)

and _____ (authorized signer's name)

and _____ (authorized signer's name)

Please mail check(s) to: The First Bank of Greenwich
444 East Putnam Avenue, Cos Cob, CT 06807
Attn: (Banker) _____

Funds to be deposited into account number: _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at _____ (phone number)

or email me at _____

Thank you,

Signatures _____ (account owner/authorized signer) _____ (account owner/authorized signer)