

# Chesapeake Bank and Trust

## *Switch Kit*



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**CHESAPEAKE**  
BANK AND TRUST COMPANY

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# What is a Switch Kit?

Our Switch Kit is a free service that allows you to close an account with another financial institution and transfer the funds to your new Chesapeake Bank and Trust account.

## Here are the benefits of using our Switch Kit:

- Set up your new CBT account to transfer all information from previous account(s).
- Switch any direct deposits and automatic payments (ACH) from your old account(s) to your new account(s).
- Switch any automatic withdrawals that are currently taken from your previous account(s).
- We close your old bank account for you!

## Switching banks?

*It's never been easier!*

Simply fill out this packet and return to Chesapeake Bank & Trust. Please call or visit today with any additional questions.

## We would be glad to help!

Visit us:  
245 High Street | 301 Morgnec Road  
Chestertown, MD 21620

Contact us:  
410-778-1600  
chesapeaketrust.com



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## I am transferring my banking relationship

- New Account Information
- Direct Deposit Authorization
- Automatic Withdrawal Switch
- Account Closing

*This is a handy checklist of the activities necessary to transfer your banking relationship. As you continue completing items, simply check off the boxes on your copy.*

*Our client relationship managers would be very happy to help you with any step in this process. With the information you provide, they will even fill out the forms and put them in the mail for you.*

- D Open your new Chesapeake accounts.  
Stop by Chesapeake Bank and Trust or call (410) 778-1600 to open your new accounts. Make a note of your new account numbers and Chesapeake Bank and Trust's routing number. They will come in handy later.  
(Use New Account Information Form)

Routing Number: 052102228

Account Numbers: \_\_\_\_\_

You may consider setting up online banking access to your accounts. Our online banking will allow you to view account balances and statements, transfer funds between accounts, and make payments to anyone you choose; all at the click of a mouse.

- D Stop using your old accounts.  
Identify all pending transactions and allow time for the transactions to clear before closing your account. Make certain you leave enough funds in your old account to cover any payments which may be withdrawn.
- D Change direct deposits.  
Send written notice to your direct deposit vendors (payroll, Social Security, CD interest payments, etc.) of the changes in your relationship.  
(Use Direct Deposit Authorization Form)
- D Change automatic payments.  
Send notification of new account information to vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) who you want to continue to generate automatic withdrawals.  
(Use Automatic Payment Switch Form)
- O Close your old account  
Send written notice to the financial institution that you are closing the account. If, after all your checks have cleared, you have a remaining balance, your old bank will send you a check.  
(Use Existing Account Closing Form)

Call (410) 778-1600 if you have any questions in transferring your relationship to Chesapeake Bank and Trust or visit [www.chesapeaketrust.com](http://www.chesapeaketrust.com)



## Information for my new Chesapeake Bank and Trust accounts

Use a copy of this Worksheet for each applicant on the account.

When you are ready, you can get started by visiting a Chesapeake Bank and Trust location, or calling (410) 778-1600.

This Worksheet is designed to make it easy to gather information needed to make the move to Chesapeake Bank and Trust. Please Print.

Type of Account:                     Individual                     Joint                     Business

Individual's Full Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell or Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date / State \_\_\_\_\_

Bank Changing From \_\_\_\_\_ Old Account Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Employer Address, City, State and Zip Code \_\_\_\_\_

If this is a business account, please provide the following

Account Name \_\_\_\_\_

Official Business Name \_\_\_\_\_

Business Address, City, State and Zip Code (if different than employer) \_\_\_\_\_

Employer ID Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Direct Deposits and Direct Payments are an easy way to save yourself a trip to the branch, gain quick access to your income, and make certain payments automatically.

Please indicate if you would like help in establishing any of the following:

- |  |  |
|--|--|
| <input type="radio"/> Direct Deposits and/or Direct Payments | <input type="radio"/> Telephone Banking line |
| <input type="radio"/> Overdraft Protection Options           | <input type="radio"/> ATMNisa® Check Card    |
| <input type="radio"/> Online Banking and Online Bill Pay     | <input type="radio"/> Lines of Credit        |
| <input type="radio"/> Savings and/or Money Market            | <input type="radio"/> Real Estate Loans      |
| <input type="radio"/> Investment and Brokerage Services      |  |



**Please change the account for my payroll direct deposit**

Complete this form for each company with which you have a payroll direct deposit.

Send the direct deposit authorization form to the company\* making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have Social Security or other governmental direct deposits see note in left column.

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work Phone Home Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employer's Name Phone Number

\_\_\_\_\_  
Employee ID Number or Department

**List Account Numbers Below:**

\_\_\_\_\_  
Previous Account Number

\_\_\_\_\_  
Previous Bank Name

\_\_\_\_\_  
NEW Chesapeake Bank account number 052102228 Routing Transit

Type of Account (check one)  
 Checking  Savings

**Check Only One:**

- This is a NEW authorization for Direct Deposit. I am not currently using Direct Deposit.
- Please change my existing authorization.

**Transfer automatic payment from my previous bank to Chesapeake Bank and Trust**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employer Signature Date

Please Note: If you have Social Security or other governmental direct deposits, please use the Treasury Department Standard Form 1199A or pick up a copy at any Chesapeake Bank and Trust office.

For Social Security benefit, you can also contact them by phone to make direct deposit arrangements, 1-800-772-1213.

To ensure accuracy, please staple a **voided** check from your new Chesapeake Bank and Trust Account to each Automatic Deposit Switch Form that you use.

\*You should use one form for each company. Please make additional copies as needed.  
You may want to keep your previous account open for 2 months in order to ensure all Direct Deposit transfers are complete.



CHESAPEAKE  
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## Please change the account for my automatic withdrawal

Complete and sign one copy of this form for each automatic payment and mail to the merchant.

*This form will notify merchants to redirect automatic payments to draw from Chesapeake Bank and Trust.*

To:

Merchant Company Name

Merchant Company Address

City State Zip

From:

Name

Address

City State Zip

ID Number or Department

Please redirect my automatic payment to my Chesapeake Bank and Trust Checking Account Effective:

Immediately       Or Beginning (date) \_\_\_\_\_

Account Number 052102228 Routing Number

Signature

Social Security / Tax Identification Number

Daytime Phone Number

To ensure accuracy, please attach a voided check from your new Chesapeake Bank and Trust Account to each Automatic Deposit Switch Form that you use (see below).

\*You should use one form for each Automatic Depositor. Please make additional copies as needed.

You may want to keep your previous account open for 2 months in order to ensure all Automatic Deposit transfers are complete.



**Please close m old bank accounts**

Complete this form and mail it to your prior bank.

To Whom It May Concern:

Please close my account described below.

\_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Social Security / Tax Identification Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

Check one of the two choices below, and then indicate how to settle the account within each:

- D No Disbursement of funds is necessary
  - D The account balance is zero.
  - D I have deposited a check for the balance in my new bank.

- D Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to:

- D The names on the account, and mail to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

- D Chesapeake Bank and Trust, for the benefit of:

\_\_\_\_\_  
Chesapeake Bank and Trust Checking Account Holder's Name

To be deposited in CB&T account number: \_\_\_\_\_

Please include my Social Security number: \_\_\_\_\_

and Mail to:

Chesapeake Bank and Trust  
Customer Service  
245 High Street  
Chestertown, MD 21620

Thank you for your prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

*One form should be used for each request. Please make additional copies for multiple accounts.*