



Would you like to switch your accounts to **Collinsville Savings Society**, but not sure how to begin? With the **Switch Kit**, opening your new account is easy! Just follow these simple steps, print the forms you need, and begin enjoying the benefits of banking at **Collinsville Savings Society**.

- **Get Started:** Complete the **Switch Kit** to gather the information you'll need to make the switch to Collinsville Savings Society.
- **Open your new Collinsville Savings Society account:** Stop in to any of our branches with your **Switch Kit** and a copy of your Connecticut Driver's License or State Photo I.D. One of our Customer Service Representatives will work with you to determine what account(s) are best for you.
- **Sign up for Collinsville Savings Society's FREE Online Banking with Bill Pay:** To sign up, visit any of our Branches or go to our website www.CollinsvilleSavings.com and click "Personal" under 'Secure Online Banking Login'. Select 'Register' directly below the sign-in box to complete the one time registration. To transfer your existing bill payees, gather your most recent bills and add your payees under the "Pay Bills" tab after you login.
- **Change your Direct Deposit and Automatic Payment or Withdrawal:** If you would like your paycheck automatically deposited into your account or specific bills automatically deducted from your account each month, fill out the appropriate information on the **Switch Kit**.
- **Stop Using your Old Account(s):** Confirm that all checks have cleared and all automatic deposits and payments have been changed. Destroy any unused checks and deposit tickets and your old ATM and/or Debit Card.
- **Close your Old Account:** Complete the Account Closure Request form and send it to your previous bank, or let us do it for you.

That's all there is to it!

We want to make your switch to Collinsville Savings Society hassle free. If you have any questions throughout your transition, just stop by any of our Branches or call a Customer Service Representative today!

Canton
277 Albany Turnpike
Canton, CT 06019
860-693-6936

Collinsville
136 Main Street
Collinsville, CT 06019
860-693-5912





SWITCH KIT

Use this form to gather all of the information you'll need to open your new account.

Primary Account Holder	
Name:	
Employer: Position:	
Street Address:	
City:	
State:	Zip Code:
Home Phone:	
Work Phone::	
Email Address:	
Social Security #:	
Mother's Maiden Name:	
Date of Birth:	
Driver's License #:	
Issue Date:	Exp. Date:

Joint Account Holder	
Name:	
Employer: Position:	
Street Address:	
City:	
State:	Zip Code:
Home Phone:	
Work Phone::	
Email Address:	
Social Security #:	
Mother's Maiden Name:	
Date of Birth:	
Driver's License #:	
Issue Date:	Exp. Date:

What accounts do you want to open at Collinsville Savings Society?

PERSONAL ACCOUNTS:	ADDITIONAL SERVICES:
<input type="checkbox"/> Checking Account	<input type="checkbox"/> ATM Card <input type="checkbox"/> ATM/ Debit Card
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Online Banking <input type="checkbox"/> Bill Pay
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> eStatements
<input type="checkbox"/> Individual Retirement Account	<input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> Personal/Auto Loan	
<input type="checkbox"/> Mortgage <input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> Safe Deposit Box





Which accounts would you like us to help you close at your previous bank?

	Account Number	Current Bank Name:
Checking Account		
Savings Account		
Other Account		
Other Account		

Gather all of your Direct Deposit and Automatic Payment information below for easy reference.

DIRECT DEPOSIT(S)

Direct Deposit	Primary Accountholder	Joint Accountholder
Employer Payroll		
Social Security*		
Pension/Retirement		
Investment Income		
Other		

**Let us assist you in contacting the Social Security Administration to make the switch.*

AUTOMATIC PAYMENT(S) OR WITHDRAWAL(S)

Type of Payment	Account Number	Company to Pay	Phone #

Or, simply provide us with a copy of your most recent bank statement and we will obtain the information for you.





Direct Deposit Authorization Change Form

DATE: _____

TO: _____ (Employer/Company Name)
_____ (Address of Employer/Company)
_____ (City, State, Zip Code of Employer/Company)

RE: REQUEST TO CHANGE MY DIRECT DEPOSIT

To Whom It May Concern:

I recently changed banks and would like to update my direct deposit. Please discontinue my current deposit and begin making direct deposits into my new Collinsville Savings Society account.

Effective immediately, my new account information is as follows:

Collinsville Savings Society Account Number: _____

Checking Savings (select one)

Amount Deposited: _____

Bank Address: **277 Albany Turnpike, PO Box 350, Canton, CT 06019**

ABA Bank Routing Number: **211174288**

Enclosed is a voided check from my account.

Sincerely,

Customer Signature

_____ (Customer Name)

_____ (Customer Address)

_____ (Customer City, State, Zip Code)

_____ (Employee Identification Number/Social Security Number)





Automatic Payment or Withdrawal Authorization Change Form

DATE: _____

TO: _____ (Company Name)
_____ (Company Address)
_____ (Company City, State, Zip Code)

RE: REQUEST TO CHANGE MY AUTOMATIC PAYMENT OR WITHDRAWAL

To Whom It May Concern:

I recently changed banks and would like to update my automatic payment or withdrawal. Please discontinue debiting my old bank account and begin making automatic withdrawals from my new Collinsville Savings Society account.

Effective immediately, my new account information is as follows:

Collinsville Savings Society Account Number: _____ Checking Savings
(select one)

Amount Debited or "Amount Due": _____ Date of Payment: _____

Bank Address: **277 Albany Turnpike, PO Box 350, Canton, CT 06019**

ABA Bank Routing Number: **211174288**

Enclosed is a voided check from my account.

Thank you for your assistance. If you have any questions, please contact me at the address or phone number listed below.

Sincerely,

Customer Signature

_____ (Customer Name)
_____ (Customer Address)
_____ (Customer City, State, Zip Code)
_____ (Customer Phone Number)





Account Closure Request

DATE: _____

TO: _____ (Bank Name)
_____ (Bank Address)
_____ (Bank City, State, Zip Code)

RE: REQUEST TO CLOSE MY ACCOUNTS

To Whom It May Concern:

Effective immediately, please close the account(s) listed below and send the check for my account balance plus any accrued interest to my attention at the address on file.

Account Number: _____ Type of Account: _____
Account Number: _____ Type of Account: _____
Account Number: _____ Type of Account: _____
Account Number: _____ Type of Account: _____

Thank you for your assistance. If you have any questions, please contact me at the address or phone number listed below.

Sincerely,

Customer Signature

_____ (Customer Name)
_____ (Customer Address)
_____ (Customer City, State, Zip Code)
_____ (Customer Phone Number)

