

Scituate Federal Savings Bank Switch Kit

At Scituate Federal Savings Bank, we realize that moving your checking account may seem complicated. We created this kit to assist you with the new account transition. This Switch Kit includes all the forms you will need to get started. Once completed, bring the forms into any Scituate Federal Savings Bank branch with your ID to officially open your new account. It's that easy!

General Information

- Our Name: **Scituate Federal Savings Bank**
- Our Main Office Address: **72 Front Street, Scituate, MA 02066**
- Our Routing Number: **211 373 128**
- Our Telephone Number: **781-545-0016**

If you have Direct Deposit of your Social Security payment:

Contact the Social Security Administration at 1-800-772-1213 and they will take your information, or we can place the call for you from our office. They will need to speak with you directly to confirm your instructions.

Please note: It can take up to three weeks for the change to be made, so you should time your request for just after you receive your payment.

If you have Direct Deposit of your paycheck:

Complete the Direct Deposit form in our Switch Kit and return it to the Human Resource Department where you work.

If you have Direct Deposit of any other kind of payment:

Complete the form in this Switch Kit and return it to the source of the direct deposit payment.

AUTHORIZATION TO CLOSE CHECKING ACCOUNT

Effective immediately, please close my checking account at: _____
name of previous financial institution – please print

Account #: _____

Address: _____
complete address of previous financial institution

Account Holder: _____

Social Security #: _____

2nd Account Holder: _____

Social Security #: _____

I (we) have opened a checking account at Scituate Federal Savings Bank.

New Account #: _____

Please send the remaining funds and a copy of this form to:
Scituate Federal Savings Bank, ATTN: Checking Services, 72 Front Street, Scituate, MA 02066

Signature(s): _____

**Examine your NEW checking account statement and make sure all of your automatic payments and direct deposits have switched over to your new account before you submit this form to avoid missed payments.*

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete a separate form for each automatic payment. You can photocopy this form if necessary.

Name of direct depositor: _____
name of entity depositing to your account – please print

Phone #: _____

Depositor Address: _____

I plan to close my checking account at: _____
name of previous financial institution

Account #: _____

Account Holder: _____

Social Security #: _____

Effective immediately, I authorize direct deposit to my new checking* account at Scituate Federal Savings Bank, 72 Front Street, Scituate, MA 02066.

My new checking account # is: _____

The new routing/transit number is 211373128.

I have attached a deposit slip to verify the new account information.

Signature: _____ Daytime Phone: _____

**All other direct deposit allocations will remain the same.*

Photocopy this form for multiple direct deposit changes.

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Complete a separate form for each automatic payment. You can photocopy this form if necessary.

Name of payee: _____
utility, mortgage lender, investment company of other organization you wish to pay automatically from your checking account – please print

Payee Address: _____

I plan to close my checking account at: _____
name of previous financial institution

Account #: _____

Account Holder: _____

Social Security #: _____

Effective immediately, I authorize automatic payment from my new checking account at Scituate Federal Savings Bank, 72 Front Street, Scituate, MA 02066.

My new checking account # is: _____

The new routing/transit number is 211373128.

I have attached a voided check to verify the new account information.

Signature: _____ Daytime Phone: _____

AUTHORIZATION TO CHANGE FEDERAL GOVERNMENT DIRECT DEPOSIT

Complete a separate form for each automatic payment. You can photocopy this form if necessary.

Name of depositor: _____
name of entity depositing to your account – please print

Depositor Address: _____

I plan to close my checking account at: _____
name of previous financial institution

Account #: _____

Account Holder: _____

Social Security #: _____

Name of payee (*beneficiary*): _____

Social Security # of payee: _____

Effective immediately, I authorize direct deposit to my new checking* account at Scituate Federal Savings Bank, 72 Front Street, Scituate, MA 02066.

My new checking account # is: _____

The new routing/transit number is 211373128. I have attached a deposit slip to verify the new account information.

Type of benefit (*check one*): Social Security SSI Income Railroad Retirement VA Benefit Civil Service

Signature: _____ Daytime Phone: _____

**All other direct deposit allocations will remain the same.*