



Switch Kit

Switching to Citizens Bank has never been easier. This kit contains everything you need to make the transition to your new Citizens Bank account as quick and easy as possible.

www.citizensbankrb.com





Switching is easy,
Just follow these four easy steps.

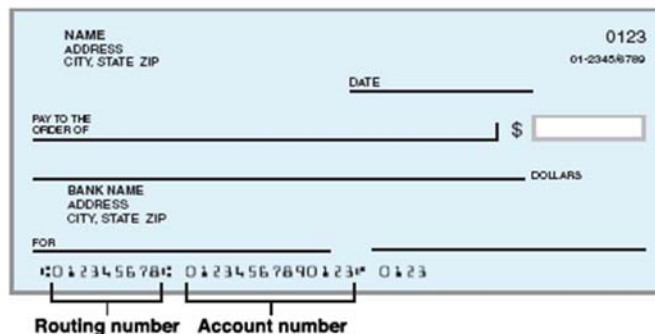
1. Stop by any of our convenient locations and open your new account at Citizens Bank
2. Stop using your previous bank account
3. Transfer your direct deposits and automatic payments to your new account
4. Close your previous bank account *

Items you'll need to have to open an account and to make the switch:

1. Your old account information
2. Details on automatic payments
3. Details on direct deposits
4. Driver's License
5. Another form of ID

How to locate your routing and account number.

You can get both numbers off your checks or deposit slips. Your Routing Number is typically the first set of numbers located in the bottom left hand corner and is nine digits long. Your account number should be the next, or second, set of numbers after the routing number. They typically are six to seven digits long.



*Citizens Bank is not responsible for overdraft charges due to insufficient funds at your previous bank account.



Account Balance Worksheet

This handy worksheet will help you determine how much to deposit into your new Citizens Bank checking account. Use this worksheet to balance your old check register with the balance shown on the most recent account statement from your previous bank.

1. Enter the balance shown on your most recent checking statement. \$ _____

2. Enter deposits that do not appear on your most recent statement.
(Be sure to include ATM and Direct Deposits.)

Date	Amount	Date	Amount	Date	Amount	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	+\$ _____

3. Add steps 1 and 2. enter subtotal =\$ _____

4. Subtract outstanding checks, transfers and withdrawals not shown on your most recent statement.
(Be sure to include ATM withdrawals, debit card purchases, and automatic payments and fees.)

Date	Check Number	Amount	Date	Check Number	Amount	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	-\$ _____

5. Subtract step 4 from step 3. This figure should match the checkbook register balance from your previous account. =\$ _____

Please change accounts for my automatic withdrawal

DATE: _____

(COMPANY NAME)

(ADDRESS)

(CITY, STATE, ZIP)

To Whom It May Concern:

I have changed financial institutions to **Citizens Bank**. You are currently withdrawing \$ _____ (or paying my current bill amount) from the following account:

Old Bank _____

Routing Number _____

Number _____

For _____

Payment reason

On _____

Approximate date of the month

Please stop making withdrawals from this account on _____ (date) and start making them from my new Citizens Bank account:

Citizens Bank routing number: **042104469**

Citizens Bank checking account number: _____

If you have any questions, please let me know.

SIGNATURE

NAME

ADDRESS

PHONE NUMBER

CITY STATE ZIP

ACCOUNT NUMBER

Please attach a voided check from your new Citizens Bank account.
Make as many copies of this form as needed.



Direct Deposit Authorization

Date: _____

(COMPANY MAKING DIRECT DEPOSIT)

(ADDRESS)

(CITY, STATE, ZIP)

To Whom It May Concern:

You are currently depositing my paycheck in whole or in part or you are making a payment into the following account:

Old Bank _____

Routing Number _____

Account Number _____

Please begin making these automatic deposits into my new account at Citizens Bank on _____ (date).

Citizens Bank routing number: 042104469

My Citizens Bank account number: _____

If you have any questions, please let me know.

PHONE NUMBER

ADDRESS

PRINTED NAME

CITY, STATE, ZIP

SIGNATURE

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BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	AUSTIN, TEXAS	
	00	28 28	
Pay to the order of			DOLLARS CTS \$****100 00
			NOT NEGOTIABLE
:00000518: 041571926"			

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

