

## ACCOUNT SWITCH KIT



*The Honesdale National Bank*

**Move your accounts to The Honesdale National Bank quickly and easily.**

To get started, follow the steps below and submit the form online or through your local HNB Office.

**Step 1**

Complete our **New Account Information Form** so we'll have proper information to open your account(s). Then, stop by your local HNB Office to select your check style, present identification and sign a signature card so we can open your account.

**Step 2**

Send a **Direct Deposit Request Form** to your employer and other income sources so your funds can be automatically deposited to your account. If you already have direct deposits going elsewhere, you can also use this form to switch them to your new account with us.

**Step 3**

Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments so they'll come out of your new HNB account.

**Step 4**

Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE you close your old account.



The Honesdale National Bank

## NEW ACCOUNT INFORMATION

The purpose of this questionnaire is for us to gather some information so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

### Individual Account

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone                      Work Phone

Email Address

### Primary Account Holder Information

Social Security Number

Driver's License Number      Expiration Date

Date of Birth

Alternate Access Code (alpha or numeric)

Employer

Position

### Joint Account

Name

Street Address (if different)

City, State, Zip (if different)

Mailing Address (if different)

Home Phone                      Work Phone

Email Address

### Joint Account Holder Information

Social Security Number

Driver's License Number      Expiration Date

Date of Birth

Alternate Access Code (alpha or numeric)

Employer

Position

### I would like to open:

- Personal Checking  Business Checking  Money Market  Statement Savings  CD  IRA
- I/we would like an ATM Card. # of cards: \_\_\_\_\_
- I/we would like transfer capabilities at the ATM and online.
- I/we would like to have our accounts enrolled in HNB Online and Mobile Banking.
- I/we would like to be enrolled in the bill pay service available through HNB Online Banking.
- I/we would like to have our accounts enrolled in eStatements.



The Honesdale National Bank

PAYROLL DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your payroll check to your HNB account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) \_\_\_\_\_ hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at The Honesdale National Bank, and I authorize and request The Honesdale National Bank 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.

Employee Name \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Phone \_\_\_\_\_
Social Security # \_\_\_\_\_

NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or you may sign up online at www.ssa.gov/deposit.

[ ] Please send an automatic direct deposit to: \_\_\_\_\_
The Honesdale National Bank Checking Account Number: \_\_\_\_\_
The Honesdale National Bank Routing & Transit Number: \_\_\_\_\_

[ ] Please discontinue sending my automatic direct deposit to
Previous Financial Institution: \_\_\_\_\_
Account #: \_\_\_\_\_
Please begin sending the same deposit to The Honesdale National Bank
Deposit \$ \_\_\_\_\_ OR [ ] entire amount to Checking Account
Deposit \$ \_\_\_\_\_ OR [ ] entire amount to Savings Account

I further understand this authorization may be terminated by me at any time by written notification to my employer or to The Honesdale National Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to The Honesdale National Bank shall be effective only with respect to entries credited to my account by The Honesdale National Bank after receipt of such notification and a reasonable time to act on it.

Primary Account Owner

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



The Honesdale National Bank

# AUTOMATIC PAYMENT REQUEST

Use this form to request the direct deposit of your payroll check to your HNB account, or to establish a new automatic payment from your HNB account.

Complete this form for:

- Each automatic payment
- Attach a voided check from your new HNB account

Please allow sufficient time for our first automatic payments to be activated against your new HNB account

To (Company Name): \_\_\_\_\_

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with The Honesdale National Bank. The automatic withdrawal is being applied to the following account, which I have with your organization.

Account Number with Company: \_\_\_\_\_ Debit Amount: \_\_\_\_\_

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_

Effective immediately, I would like this automatic debit redirected to my new account with The Honesdale National Bank as follows.

Account #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_

**If you have any questions, please reach me using the contact information below.**

Primary Account Owner \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Primary Account Owner

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



The Honesdale National Bank

# ACCOUNT CLOSING REQUEST

Use this form to request that your account(s) be closed at your former bank and any remaining funds be sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check has cleared. You may also visit your former bank to close out your accounts.

To (Bank Name) \_\_\_\_\_

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

Account Type	Account #	Account Owner Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: If closing out a passbook account, please include passbook with this letter.)

Pay to the order of: The Honesdale National Bank  
Together with all interest or dividends that may have become due on above listed accounts.

Forward funds to: The Honesdale National Bank  
733 Main Street  
Honesdale, PA 18431  
570-253-3355

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed below.

Primary Account Holder: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_