

Switch Kit

Switch today to The Light That Leads to Better Banking!



GETTING STARTED

Ready to switch? Switching to Chesapeake Bank of Maryland is as easy as 1, 2, 3, & 4. We will guide you through everything you need to make the switch. After all, we are The Light That Leads to Better Banking!

Step 1: Open your new account

Visit your local branch to open your new Chesapeake Bank of Maryland account(s).

Step 2: Switch your direct deposits

If you have any automatic payroll or income, use the provided forms to switch them to Chesapeake Bank of Maryland

Step 3: Switch your automatic withdrawals

If you have any automatic transactions or payments, use the provided forms to switch them to Chesapeake Bank of Maryland

Step 4: Close your old account

You are ready to switch once you have moved over your direct deposits, automatic payments, and all outstanding items have cleared your old account. The final step is to close your old account(s). Fill out the last form in this kit to close your old account(s). Any remaining account balance will be transferred to Chesapeake Bank of Maryland.







Switch Kit

Direct Deposit Authorization

DIRECT DEPOSIT CHECKLIST

Use this list to remember all of your direct deposits that you need to switch.

- **Employer Paychecks**
- Pension or Retirement Plan Payments
- Social Security **Payments**
- Other Investment Income

HELPFUL HINTS

Follow up

Automatic deposits should take effect within three (3) deposit periods. If you do not see the deposit by this time, contact the company/ agency. Keep your former account open until all automatic deposits are received into your Chesapeake Bank of Maryland account(s).

Track your request

To confirm that your automatic deposit is received, sign up and log into your online account, check your Chesapeake Bank of Maryland statement, or call your local branch.

Note

Some companies or organizations, like the Social Security Administration, may require special forms. For your reference, we included a chart on page 4 to assist you in verifying all of your automatic deposits and withdrawals.



Notification of Direct Deposit Authorization Change

Complete and submit this form to authorize your employer, retirement and pension funds, or any other agency to deposit your income directly into your Chesapeake Bank of Maryland account. Use one for each deposit.

Company or Emplo	yer Street Address	
City	State	Zip Code
()		
Company or Emplo	yer Phone Number	
 Employee ID (if арр	olicable)	
	tely, please deposit the of Maryland account.	net amount of my check to my
• •	sit funds into the account(s submitted a new authoriz	s) below. This authorization shall ation, or until this authorization is
Place an X next to		
lace all A liext to	your acsired option	
	•	ryland CHECKING ACCOUNT
	•	ryland CHECKING ACCOUNT 252070545
	Chesapeake Bank of Ma	
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Phone Number



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AUTOMATIC WITHDRAWAL CHECKLIST

Use this list to remember all of your automatic payments set to automatically deduct from your account or debit card.

See the chart on page 4 for a list of companies and organization that you may need to contact to update your financial information.

HELPFUL HINTS

Follow up

Automatic withdrawals should take effect within five (5) business days. If you do not see the withdrawals by this time, contact the company. Keep your former account open until all automatic withdrawals are received into your Chesapeake Bank of Maryland account(s).

Track your request

To confirm that your automatic withdrawal posted, sign up and log into your online account, check your Chesapeake Bank of Maryland statement, or call your local branch.

Note

Some companies or organizations, like the Social Security Administration, may require special forms. For your reference, we included a chart on page 4 to assist you in verifying all of your automatic deposits and withdrawals.

Member Caual Housing LENDER

Automatic Withdrawal Authorization

Notification of Withdrawal Authorization Change

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online.

Company			
Account Number			
 Payment Amount			
Company Street Add	Iress		
City	State	Zip Code	
() Company Phone Nui	mber		
Please change my a	utomatic withdrawal f	from the following account:	
Financial Institution			
Account#		Bank Routing #	
Please make all futu	re automatic withdra	wals from the following acco	unt:
Chesapeake B	ank of Marylan	d	
Financial Institution		2520705	545
Account #		Bank Routing #	
	emain in effect until I ha	ave submitted to you new autho s authorization has been chang	
Signature		Date	
Printed Name			
Street Address			
City	State	zip Code	
() Phone Number			

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Direct Deposit & Automatic Withdrawal Chart

Direct Deposits	Payer	Amount	Date Paid	Account #
Your Payroll				
Social Security				
Pension/Retirement				
Investment Income				
Other				
Other				

Payments	Company	Amount	Due Date	Account #
Mortgage or Rent				
Car Loan				
Credit Card				
Credit Card				
Electric, Gas, Oil, or Coal				
Cellphone				
TV, Phone, & Internet				
Water				
Sewer				
Garbage				
Insurance				
Gym/Health Club				
Day Care				
Homeowner's Association Dues				
Other				
Other				

Helpful information

Social Security Administration (800) 772-1213 www.ssa.gov

Office of Public Inquiries, Windsor Park Building, 6401 Security Blvd, Baltimore, MD 21235

Department of Veterans Affairs (800) 827-1000 www.va.gov

810 Vermont Ave NW, Washington DC 20420

Office of Personnel Management (888) 767-6738 www.opm.gov

1900 E Street NW, Washington DC 20415

U.S. Railroad Retirement Board (877) 772-5772 www.rrb.gov

844 N Rush Street, Chicago, IL 60611



Switch Kit

Account Closure Authorization

CONGRATULATIONS!

You had to sign your name quite a number of times, but submitting these forms completes your switch to a better banking experience. We want you to experience the difference in banking with Chesapeake Bank of Maryland.

Welcome to our family!

Notification of Account Closure Authorization

To Whom It May Concern:

Complete this form to close your account(s) at your former financial institution and either drop off to a local branch or mail it in. Be sure to verify that all outstanding items have cleared in your old account.

Financial Institution	on	
 Street Address		
City	State	 Zip Code
Please send m	y remaining balance to:	:
Deposit Dire	ctly to my new account at Ch	nesapeake Bank of Maryland:
		252070545
Account #		Routing #
Or forward m	e a check to my address bel	ow:
Signature		Date
Printed Name		
Street Address		
City	 State	 Zip Code
()		



