PERSONAL BANKING
SWITCH KIT

RIVERSIDE
COMMUNITY BANK

At Riverside Community Bank, we are committed to making your switch an easy one. Stop into any one of our offices and we'll help you make all of the changes. Or use this form to make one or all of the changes on your own.

QUICK SWITCH CHECKLIST

- ❑ Open checking account with Riverside Community Bank.
- ❑ Make sure all checks have cleared on your checking account.
- ❑ Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.
- ❑ Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties.
- ❑ Send your direct deposit vendors (payroll, social security, CD interest payments, etc.) a notice of the change in your checking account.
- ❑ Send notice to vendors who automatically take your payments from your checking account (utilities, insurance, internet providers, schools, etc.) that you are closing the account.
- ❑ Send new account information to vendors who you want to continue to generate automatic withdrawals; or to start a new automatic payment with a vendor.
- ❑ Send notice to the financial institution where you are closing account.

COMPANY ACCOUNT

Gas _____

Electric _____

Telephone _____

Cell Phone _____

Cable/Satellite _____

Internet _____

Water _____

Sewer _____

Refuse _____

Newspaper _____

Insurance _____

Mortgage _____

Car Loan _____

Other _____

Other _____

FORMS INCLUDED

☐ ACCOUNT CLOSURE NOTICE
Use this form to notify your old financial institution that you are closing your account and would like to receive a check for any remaining balance.

☐ AUTOMATIC PAYMENT AUTHORIZATION CHANGE
Use this form to transfer your automatic payments from your old account to your new Riverside Community Bank account.

☐ AUTOMATIC PAYMENT CANCELLATION
Use this form to send to each of your vendors to cancel any automatic payments from your old account. You may use this form if you want to use online Bill Pay to pay your bills instead of using automatic payments.

☐ DIRECT DEPOSIT CHANGE NOTICE
Use this form to change your direct deposit from your old account(s) to your new Riverside Community Bank account(s).

☐ DIRECT DEPOSIT APPLICATION
Use this form to sign up for first-time direct deposit of your payroll into your Riverside Community Bank checking account.

☐ AUTOMATIC TRANSFER AUTHORIZATION APPLICATION
Use this form to se up automatic transfer of funds between your Riverside Community Bank accounts.

Member FDIC

CHECKING ACCOUNT CLOSURE NOTICE

NAME

SOCIAL SECURITY #

JOINT OWNER (if applicable)

PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION

STREET

CITY STATE ZIP

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

PLEASE MAIL BALANCE TO:

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

I hereby authorize the closure of the account(s) listed above. All my checks have cleared the account to be closed, and all direct deposit and automatic payments have been stopped.

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

AUTOMATIC PAYMENT AUTHORIZATION CHANGE

VENDOR NAME

CUSTOMER NAME

STREET

CITY STATE ZIP

ACCOUNT #

PHONE #

Please be informed I have switched financial institutions and hereby authorize you to change my automatic withdrawal to be taken from the account number listed below:

NEW FINANCIAL INSTITUTION

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

SIGNATURE DATE

TRANSIT/ABA# 071925554

Please include a voided check or deposit slip with this form when sending to vendor.

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

Member FDIC

AUTOMATIC PAYMENT CANCELLATION

VENDOR NAME

CUSTOMER NAME

STREET

CITY STATE ZIP

ACCOUNT #

PHONE #

I currently have my payment automatically withdrawn from my checking or savings account from _____ (financial institution) on the _____ of the month. I would like to cancel this monthly transaction and submit this as written notification of that intention.

I understand I may need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____.

Thank you for your prompt attention to this request.

Sincerely,

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

DIRECT DEPOSIT CHANGE NOTICE

NAME | DATE

SOCIAL SECURITY #

NAME OF EMPLOYER, COMPANY OR AGENT

STREET

CITY | STATE | ZIP

ACCOUNT #

PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION

STREET

CITY | STATE | ZIP

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

NEW FINANCIAL INSTITUTION

NAME OF INSTITUTION

CHECKING ACCOUNT #

TRANSIT/ABA# 071925554

I hereby authorize my direct deposit to be sent to my new checking account. I have attached a voided check for reference.

Effective: _____/_____/_____

SIGNATURE | DATE

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

Member FDIC

DIRECT DEPOSIT APPLICATION

NAME DATE

SOCIAL SECURITY #

STREET

CITY STATE ZIP

COMPANY NAME

CITY STATE ZIP

DEPOSIT INSTRUCTIONS

- ❑ Deposit entire amount into Checking Account #_____
- ❑ Deposit $_____ to Savings Account #_____

  and remaining amount into Checking Account #_____

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

SIGNATURE DATE

TRANSIT/ABA# 071925554

AUTOMATIC TRANSFER AUTHORIZATION APPLICATION

I (We) authorize and direct you to make the following transfer of funds:

Amount to be transferred: $_____

Frequency: ❑ Weekly ❑ Biweekly ❑ Monthly ❑ Bimonthly

❑ Semimonthly ❑ Quarterly ❑ Semiannually ❑ Annually

Effective Date: _____

Termination Date: _____

FROM:

❑ CHECKING ❑ SAVINGS ❑ OTHER_____

ACCOUNT #_____

ACCOUNT NAME_____

TO:

❑ CHECKING ❑ SAVINGS ❑ MONEY MARKET ❑ CD

❑ INSTALLMENT LOAN PAYMENT ❑ OTHER_____

ACCOUNT #_____

ACCOUNT NAME_____

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to one of us is notice to all of us.

SIGNATURE	DATE
SIGNATURE	DATE
NAME	
STREET	
CITY	STATE ZIP

RIVERSIDE
COMMUNITY BANK

6855 East Riverside Boulevard
Rockford, IL 61114
(815) 637.7000

_____
ACCEPTED BY BANK

Member FDIC