



“We Speak Your Language”

Switch Kit



*Six easy steps
to establishing and enhancing
your banking relationship with
Chicopee Savings Bank!*



Main Office
70 Center Street . Chicopee MA 01013
800-662-0974.413-594-6692
www.chicopeesavings.com



Member FDIC Member DIF

Chicopee Savings Switch Kit

FIRST -

Tell us the products and services you would like to open.

Please refer to the Checking Brochure and the Schedule of Fees for a description of available checking products and a list of any account related fees. Please visit us online at www.chicopeesavings.com for a description of our products and services.

Products

- Rewards Checking
- CLUB Checking
- CSB Free Checking
- 18/65 Checking
- Rewards Savings
- Money Market Savings
- Statement Savings

Services

- Online Banking
- Debit/ATM Card
- eStatements

SECOND -

Let's get to know you.

Chicopee Savings Bank will help you to change your current accounts to your new Chicopee Savings Bank accounts. Please complete the forms included in this Switch Kit in their entirety, sign and return to a convenient branch location.

THIRD -

Would you like Savings-to-Checking Overdraft Protection?

- Yes
- No

If you select Savings-to-Checking Overdraft Protection we will automatically set this service up on your accounts and send you the necessary paperwork. Your signature is required for this service.

FOURTH -

Which branch location is most convenient for you?

- Main Office, 70 Center Street, Chicopee 01013
- 39 Morgan Road, West Springfield 01089
- 477A Center Street, Ludlow 01056
- 569 East Street, Chicopee 01020
- 599 Memorial Drive, Chicopee 01020
- 435 Burnett Road, Chicopee 01020
- 32 Willimansett Street, South Hadley 01075
- Gibbs Crossing, 350 Palmer Road, Ware 01082

FIFTH -

Tell us about your direct deposit(s) and automatic payments.

Chicopee Savings Bank will help you to change your current direct deposits and automatic payments to your new Chicopee Savings Bank accounts. Please complete the forms included in this Switch Kit in their entirety, sign and return to a convenient branch location.

SIXTH -

Send us the completed Switch Kit.

Upon receiving your completed Switch Kit, a Customer Service Representative will contact you to finalize your account opening. The Customer Service Representative will arrange for a convenient time for you to come into one of our convenient branch locations to sign the signature card, make your initial deposit and to sign any additional forms based on the services you have requested in this Switch Kit.

When you come into the bank, please bring your current Drivers License or another primary form of identification and your opening deposit (\$10.00 minimum).

Once your Chicopee Savings Accounts are opened, you will need to close your old accounts. (see attached Notification of Account Closure) Before you do so, please be sure to:

- Verify that all checks have cleared your old checking account(s).
- Verify that your direct deposits and automatic payments have been changed to your New Chicopee Savings Account.
- Destroy any remaining old checks (or bring them into the bank and we will shred them for you in a confidential manner) and cancelled ATM Cards, Debit Cards or Online Banking accounts and information.

Changing your Account and related Services to *Chicopee Savings* is fast and easy. Please complete and return this Switch Kit and we will be happy to take care of the rest. If you have any questions, please call one of our convenient branch locations at 413-594-6692.

Let's get to know you -

Applicant			Joint Applicant		
_____			_____		
Last Name	First	Initial	Last Name	First	Initial
_____			_____		
Street Address			Street Address		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		
Mailing Address			Mailing Address		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
_____			_____		
Drivers License/Identification Number			Drivers License/Identification Number		
_____			_____		
Mother's Maiden Name			Mother's Maiden Name		
_____			_____		
Home Phone	Cell Phone		Home Phone	Cell Phone	
_____			_____		
Employer/Position	Work Phone		Employer/Position	Work Phone	
_____			_____		
Email Address			Email Address		
_____			_____		

Signature (please read this statement before signing.)

All the information I have given is true and correct. I request that the paperwork necessary to open the account(s) indicated above be opened and understand that my signature(s) and initial deposit(s) will be required at a future date. I understand that for my protection, new account applications will be verified by ChexSystems or other consumer reporting agency. If more than one person signs below, I understand that this statement applies to both persons.

Signature of Applicant

Date

Signature of Joint-Applicant

Date

Thank you for choosing **Chicopee Savings Bank**. It is certainly our pleasure to service your accounts. We pride ourselves in providing our customers with the exceptional service that they deserve. We will process the information that you have provided and will be contacting you shortly.

If you should have any questions, please feel free to contact us as follows:

- 413-594-6692 or 800-662-0974
- Mail to: **Chicopee Savings Bank, 70 Center Street, PO Box 300, Chicopee, MA 01014-0300**
- Visit us at one of our convenient branch locations.

Notification of Account Closure

This form will need to be forward to the financial institution where the account will be closed.

To Whom It May Concern:

Financial Institution Name

Address: _____

City: _____

State: _____ Zip: _____

Effective on: ____/____/____
Month Day Year

Please close the account listed below:

Account #: _____

Primary Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Signature: _____

My New [Chicopee Savings Account](#)

Account # _____

Routing # [211871866](#)

Please send the closing balance to:

[Chicopee Savings Bank](#)

70 Center Street

PO Box 300

Chicopee, MA 01014-0300

Direct Deposit Authorization Change

This form goes to all companies with whom you have direct deposit.

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Please direct all future payroll direct deposits to the following accounts:

Financial Institution: [Chicopee Savings Bank](#)

Routing # [211871866](#)

Deposit my:

Entire paycheck OR

Partial paycheck

In the amount of: \$ _____ into my (check one)

Checking Account # _____

Savings Account # _____

Start Date: ____/____/____
Month Day Year

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Signature: _____

This is a change in authorization for your Direct Deposit.

Automatic Withdrawal Authorization Change

This form goes to all companies with whom you have an Automatic Withdrawal.

To Whom It May Concern:

Financial Institution Name

Account #: _____

Payment Amount: _____

Address: _____

City: _____

State: _____ Zip: _____

Please discontinue my automatic withdrawal from the following account:

Former Financial Institution: _____

Routing #: _____

Account #: _____

Please make future withdrawals from the following account:

Financial Institution: [Chicopee Savings Bank](#)

Routing #: [211871866](#)

Account #: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Signature

Date