



The Switch Kit



Commonwealth
Bank & Trust Company

Like having a banker in the family



The Switch Kit

Switching to Commonwealth Bank & Trust Company is easy with The Switch Kit.

1 Open your new Commonwealth Bank & Trust Company Checking Account

Come in to any branch to open your new account. Please be sure all account holders are present and to bring the following items so we can take care of you quickly and easily:

- A valid Driver's License for each account holder
- A second form of ID for each account holder (example: Social Security Card or Credit Card)
- Minimum opening deposit for the account you choose

2 Stop using your old bank account

- Be sure to leave sufficient funds in your old account to cover any outstanding checks or automatic payments. You can use the provided Account Balance Worksheet to help you out.*
- Destroy any unused checks, deposit slips & ATM or debit cards from your old account, or bring them in to the branch with you and we will shred them for you.

3 Transfer your direct deposits and automatic payments

- Make as many copies as you need of the Direct Deposit and Automatic Payment Change Forms; we've provided a Welcome Kit Checklist to help you remember all of your Direct Deposits and Automatic Payments you may have.
- Fill out and mail the Direct Deposit and Auto Payment Change forms. Be sure to include a voided check from your new Commonwealth checking account to each form. If you would prefer, bring the forms into the branch and we'll help you fill them out and mail them.

4 Close your old bank account

- Verify that your outstanding checks and automatic payments have cleared your old account and that your direct deposits have been transferred to your new Account.*
- Fill out and mail the Account Closure form to your previous bank.

If you have any questions or problems, stop in a branch or give us a call, we'll be happy to help you out.

Welcome to Commonwealth Bank & Trust!



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Account Balance Worksheet

Use this worksheet to balance your checkbook register with the checking account balance shown on your most recent bank statement. This will help you figure out how much you have to put into your new Commonwealth Bank account.

1 Enter your account balance on your last checking statement.

2 Enter deposits that do not appear on your statement.

Don't forget to include ATM deposits and direct deposits.

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3 Subtotal by adding Steps 1 and 2.

4 Enter outstanding checks, transfers, or withdrawals not appearing on your statement.

Don't forget to include ATM withdrawals, Debit Card purchases, automatic payments and fees.

DATE / CHECK #	AMOUNT	DATE / CHECK #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5 Subtract Step 4 from Step 3.

This should match your checkbook register balance.

\$ _____

+ \$ _____

= \$ _____

- \$ _____

= \$ _____

Switch Kit Checklist

Use this checklist to help you remember all of your direct deposits and automatic payments that you will need to transfer to your new Commonwealth Bank account.

Direct Deposits, Payroll and Government Checks

- Payroll
- Retirement Plans
- Investments
- Social Security
- Other

Automatic Payments

- Home Mortgage
- Auto Loans
- Home Equity Loans
- Student Loans
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Cards
- Water Company
- Gas/Electric
- Cable TV
- Online Services
- Telephone Service
- Cell Phone Service
- Club Memberships
- Investments & Annuities
- Charitable Contributions
- Subscriptions
- Other

It may help to pull your last two statements for reference.

You will need your old routing number and account number, along with your new Commonwealth account number and routing number to fill out most forms. You will find the bank routing number in the bottom left hand corner of your check between two symbols.

Your account number is the series of numbers after the routing number. Commonwealth Bank & Trust's routing number is 083002177.



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Direct Deposit Authorization

Take this form to the company making the deposit. If it is your payroll, take it to your Human Resources Department. Social Security or other governmental direct deposits should use the Treasury Department Standard Form provided.

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY STATE ZIP

WORK PHONE HOME PHONE MOBILE PHONE

SOCIAL SECURITY NUMBER

EMPLOYER'S NAME PHONE

EMPLOYEE I.D.

OLD ACCOUNT INFORMATION:

PREVIOUS ACCOUNT NUMBER OLD BANK NAME

CHECKING SAVINGS PERCENT OF DEPOSIT: _____

PREVIOUS ACCOUNT NUMBER OLD BANK NAME

CHECKING SAVINGS PERCENT OF DEPOSIT: _____

NEW ACCOUNT INFORMATION:

083002177 COMMONWEALTH BANK & TRUST COMPANY

NEW ROUTING NUMBER NEW BANK NAME

CHECKING SAVINGS NEW ACCOUNT NUMBER

PLEASE MAKE THIS CHANGE EFFECTIVE: _____ I HAVE ATTACHED A VOIDED CHECK FROM MY NEW CB&T ACCOUNT TO THIS FORM.

SIGNATURE DATE





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Automatic Payment Change Authorization

Complete and sign this form for each automatic payment currently coming out of your old account. Be sure to keep your old account open until you see the automatic payment take place under your new CB&T account.

COMPANY NAME _____

ACCOUNT NUMBER AND/OR CUSTOMER NUMBER _____

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

WORK PHONE _____

HOME PHONE _____

MOBILE PHONE _____

SOCIAL SECURITY NUMBER _____

AMOUNT WITHDRAWN _____

OLD ACCOUNT INFORMATION:

PREVIOUS ACCOUNT NUMBER _____

OLD BANK NAME _____

NEW ACCOUNT INFORMATION:

083002177 _____

COMMONWEALTH BANK & TRUST COMPANY _____

NEW ROUTING NUMBER _____

NEW BANK NAME _____

CHECKING

SAVINGS

NEW ACCOUNT NUMBER _____

PLEASE MAKE THIS CHANGE EFFECTIVE: _____

I HAVE ATTACHED A VOIDED CHECK FROM MY NEW CB&T ACCOUNT TO THIS FORM.

SIGNATURE _____

DATE _____

DIRECT DEPOSIT

For Federal Benefit Payments

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1199A
(August 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

Or call **Go DirectSM** at 1 (800) 333-1795
to sign up today.*

DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

* If you elect to enroll by phone, the **Go Direct** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

***Department of Veterans Affairs**
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT		
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF LEGAL REPRESENTATIVE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
TELEPHONE NUMBER () - -		
SOCIAL SECURITY OR CLAIM NUMBER (under which the current federal benefit payment is received)		

C. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check on reverse side)
** ACCOUNT NUMBER (see sample check on reverse side)	

** You may also attach a voided personal check.

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	MILITARY (specify below) Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	
RAILROAD RETIREMENT (specify below) Annuity benefit <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	<input type="checkbox"/> FEDERAL SALARY
CIVIL SERVICE (OPM) RETIREMENT (specify below) Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>	<input type="checkbox"/> VA COMPENSATION OR PENSION
	<input type="checkbox"/> OTHER (specify) _____
	(Military, Federal Salary, VA and "Other" not available through Go Direct)
<input type="checkbox"/> ALLOTMENT (if applicable)	(type) _____ (amount) _____

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.	
SIGNATURE	DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.	
SIGNATURE	DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input style="width: 100px;" type="text"/>	
		DOLLARS
MEMO _____		
⌚ <input style="width: 80px;" type="text"/>	: <input style="width: 80px;" type="text"/>	0001
Routing Number	Account Number	

(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



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Account Closure Form

Complete and sign this form and return it to your old bank in order to close your account(s) there and receive disbursement of any remaining funds.

*To whom it may concern:
Please close the account(s) below.*

1

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
STREET ADDRESS			
CITY	STATE	ZIP	
WORK PHONE	HOME PHONE	MOBILE PHONE	

2

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
STREET ADDRESS			
CITY	STATE	ZIP	
WORK PHONE	HOME PHONE	MOBILE PHONE	

ACCOUNT(S) TO CLOSE:

ACCOUNT NUMBER	ACCOUNT TYPE
ACCOUNT NUMBER	ACCOUNT TYPE
ACCOUNT NUMBER	ACCOUNT TYPE
ACCOUNT NUMBER	ACCOUNT TYPE

SIGNATURE	DATE
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SIGNATURE	DATE
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Please send a check to the address provided with any remaining funds in the above-mentioned accounts.
If there will be a penalty or fee, or if there are additional questions regarding these accounts, please contact me at the number provided.

