



## Switch your accounts to *The Peoples Community Bank*

Please complete the information below for each person that will be on the account:

Required Fields:	Customer 1	Customer 2
Full name:		
Social security number:		
Date of birth:		
Street address:		
City, state, zip:		
Home phone:		
Cell phone:		
Email address:		
Employer:		
Employer phone:		

### Five Simple Steps to Make the Switch:

1. **Balance your checkbook.** And, make sure that all checks have cleared.
2. **Complete the 'Direct Deposit' form (page 2).** Update your direct deposit information, and keep your old account open until your regular deposits show up at The Peoples Community Bank.
3. **Complete the 'Automatic Withdrawal' form (page 3).** Contact those businesses authorized to make withdrawals from your old account and give them your new routing and account numbers.
4. **Use our Online Bill Pay to setup new automatic payments.** Cancel any automatic online bill payments made from your old account.
5. **Retain copies** of your letter and any closing information from your old bank.

Please bring the following items with you when you meet your new Personal Banker:

- **Address Verification** – Please provide one of the following:
  - Apartment lease, utility bill, current paystub or credit card statement
- **Personal Identification** – Provide one from each list:
  1. Valid Driver's license, Valid Passport, or Wisconsin ID card over 90 days old
  2. Social Security card, Valid Major Credit Card, Alien Registration Card, or Valid Work ID card with picture & signature

*Should you have questions or need assistance with this process, please call us at (800) 795-2151.*



## Direct Deposit Change Form

Complete this form and send to each employer, financial institution or government office that makes direct deposits (payroll, Social Security, dividend payments, etc.) into your account.

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

*I/we authorize the company named above to initiate credit entries and, if necessary, initiate any debit entries to correct an erroneous credit entry to my/our account at the Financial Institution listed below. I/we acknowledge that the origination of these ACH transactions to my (our) account must comply with the provisions of U.S. law.*

**Financial Institution:** The Peoples Community Bank

**Routing Number:** 075906016

**Account Type (choose one):** \_\_\_ Checking \_\_\_ Savings \_\_\_ Other

**Account Number:** \_\_\_\_\_

*I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.*

**Name(s):** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

If you have any questions please contact me/us during: **Morning / Daytime / Evening** (circle one)

I/we can be best reached via: \_\_\_\_\_  
**Phone** **Email**

Thank you for your assistance with this request.



## Automatic Withdrawal Change Form

Complete this form and send to any company or organization (utility, insurance company, charity, etc.) that takes regular electronic payments out of your account.

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

*I/we authorize the company named above to initiate debit (withdrawal) entries and, if necessary, initiate any credit entries to my/our account at the Financial Institution listed below. I/we acknowledge that the origination of these ACH transactions to my (our) account must comply with the provisions of U.S. law.*

**Financial Institution:** The Peoples Community Bank

**Routing Number:** 075906016

**Account Type (choose one):** \_\_\_ Checking \_\_\_ Savings \_\_\_ Other

**Account Number:** \_\_\_\_\_

*I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.*

**Name(s):** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

If you have any questions please contact me/us during: **Morning / Daytime / Evening** (circle one)

I/we can be best reached via:

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**

Thank you for your assistance with this request.