

# Switch Kit

## ***Dear Valued New Customer:***

Switching to Peoples Bank has never been easier! The *Peoples Bank Switch Kit* was designed to make the process of moving your checking account quick and convenient. All you need to do is fill out the necessary information and return it to your local Banking Center. We'll handle the rest!

If you have any questions, our staff is available to help. We have assisted thousands of customers with the transition of their checking accounts and we are eager to provide the high quality service you expect from a community bank.

Inside your switch kit, you will find:

**Step 1: New Customer Information Sheet** — If you are pressed for time, you have the option of filling out the paper work when it's convenient. Use this form if you are new to Peoples Bank. This includes all of the information we need to open your account.

**Step 2: Authorization to Change Direct Deposit** — This form instructs your payroll department to make a change for your direct deposit. It also has instructions if you receive Social Security benefits.

**Step 3: Authorization to Change Automatic Payment** — If you have your bills paid automatically from your current checking account (i.e., utilities, Internet, etc.), you can use this form to have the amount debited from your new account. Or, you can pay the bills free of charge using our Online Banking Bill Payment System.

We appreciate your business, and thank you for choosing Peoples Bank. Let us know if there is anything else you feel requires our attention.

**Peoples Bank**  
*you first banking*

# New Customer Information Sheet

**Please Print\***

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(must be a physical address, not a P.O. Box)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the mailing address for statements and all correspondence? Y \_\_\_\_\_ N \_\_\_\_\_

If no, please provide mailing address: \_\_\_\_\_  
\_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
*(for security purposes)*

(Joint account holder information, if applicable)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(must be a physical address, not a P.O. Box)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the mailing address for statements and all correspondence? Y \_\_\_\_\_ N \_\_\_\_\_

If no, please provide mailing address: \_\_\_\_\_  
\_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
*(for security purposes)*

**Please check the product to open today:**

Opening Balance: \_\_\_\_\_

Personal Checking:  You First Checking  eChecking  Senior Plus Checking

Personal Savings:  Statement  Youth

CD:  Personal Term: \_\_\_\_\_ months  IRA Term: \_\_\_\_\_ months

Business Checking:  Business  Small Business

**Please check the products and services that interest you:**

- |  |   |                                      |   |   |
|--|---|--------------------------------------|---|---|
| <input type="checkbox"/> VISA® Credit Cards  | <input type="checkbox"/> Annuities      | <input type="checkbox"/> Auto Loans  | <input type="checkbox"/> Business Loans | <input type="checkbox"/> Free eBanking        |
| <input type="checkbox"/> VISA® Debit Cards   | <input type="checkbox"/> Home Loans     | <input type="checkbox"/> Investments | <input type="checkbox"/> Money Market   | <input type="checkbox"/> Overdraft Protection |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Trust Services |                                      |   |   |

**Thank you for choosing Peoples Bank! A Customer Service Representative will be happy to process your new account request and provide the necessary documentation.**

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*you first banking*

\* Must include a copy of current driver's license

# Authorization to Change Direct Deposit

**Please Print**

Today's Date: \_\_\_\_\_

Full Name of Account Holder  
Entitled to Deposit: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former Account #/Financial Institution: \_\_\_\_\_

## New Information for Direct Deposit:

Peoples Bank ABA  
9204 Columbia Ave  
Munster, IN 46321  
219.853.7600  
ABA or Routing No: 271973924

Checking  Savings

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

Account Number: \_\_\_\_\_  
*(10 digit number)*

**Please Deposit:**  The entire amount **OR**  \$ \_\_\_\_\_ To Checking

The entire amount **OR**  \$ \_\_\_\_\_ To Savings

**Please Make This Change:**  Immediately **OR**  Effective: \_\_\_\_\_

With this signature, I hereby authorize \_\_\_\_\_ to change my direct deposit to Peoples Bank.

Printed Name: \_\_\_\_\_ Signature and Date: \_\_\_\_\_

**Please Note:** For Social Security Direct Deposit changes, we can call the Social Security Administration on your behalf. Or if you prefer, you may contact them at 800.772.1213 or at [www.ssa.gov/deposit](http://www.ssa.gov/deposit)

This authorization will remain in effect until I send written change or cancellation authorization.

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*you first banking*

# Authorization to Change Automatic Payment/Withdrawal

**Please Print**

Today's Date: \_\_\_\_\_

To: \_\_\_\_\_  
(company name here)

**Please be advised that my payment/automatic withdrawal will now be debited from my account held at Peoples Bank.**

Customer Name: \_\_\_\_\_  
(person paying bill)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_  
(account to be paid or credited)

**New Information for Automatic Debit:**

Peoples Bank ABA  
9204 Columbia Ave  
Munster, IN 46321  
219.853.7600  
ABA or Routing No: 271973924

Checking       Savings

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

Account Number: \_\_\_\_\_  
(10 digit number)

**Please Make This Change:**     Immediately    **OR**     Effective: \_\_\_\_\_

With this signature, I hereby authorize \_\_\_\_\_ to change my automatic payment to my new account held at Peoples Bank.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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*you first banking*