

SWITCH KIT

Switch your bank accounts from any financial institution to your local Unity Bank in THREE EASY STEPS.

1. OPEN YOUR NEW ACCOUNT AT UNITY BANK

One of our Unity Bankers will help you decide:

- which Unity Bank checking account will BEST meet your individual needs
- if you would like a Checking Reserve Line to protect against overdraft
- if you could benefit from having an ATM/Debit card that offers cash back or Transfer the Cents program.
- if you would like to take advantage of Unity Bank's Online & Mobile Banking, eStatements and Bill Pay (all at no charge to you)

2. SWITCH OVER ANY AUTOMATIC TRANSACTIONS

2a: Use the <i>Direct Deposits: Notifical</i> who automatically makes direct depo	•	,		
	investment companies government agencies (see page	credit card companies 2a)		
It is helpful to review your last three r	months of bank statements to be	sure you have included all	direct depositors.	
2b: Use the Withdrawals: Notification of Change of Financial Institution (form 2b) for any automatic withdrawals you have come out of your checking account. Common withdrawals include:				
☐ loan payments ☐ i	charitable contributions insurance premiums credit card payments	phone bills cable bills real estate taxes	gym membership utility bills TV service	
A				

Again, review a minimum of your last three months of bank statements to be sure you have notified anyone that directly deposits or withdraws from your account.

3. CLOSE YOUR ACCOUNT AT PREVIOUS FINANCIAL INSTITUTION

Once all of your pre-authorized debits and checks you have written clear your previous account, close the account. This can be done in person or by using the *Authorization to Close Account* (form 3).



2A. DIRECT DEPOSITS: NOTIFICATION OF CHANGE OF FINANCIAL INSTITUTION

EMPLOYER/COMPANY	/ NAME·	ON	EMPLOYEE ID#/ACCOUN	NT#·		
Livi 20121900m7411				*****		
EMPLOYER/COMPANY ADDRESS:		CITY:	STATE:	ZIP:		
CUSTOMER INFOF	RMATION		J (
NAME: PHONE#:						
CUSTOMER ADDRESS	it		CITY: STATE: ZIP:		ZIP:	
	CODMATION	Routing Number	Account Check Number Number			
NEW DEPOSIT INF	·UKMAHUN:		NEW UB ACCOUNT #:		AMOUNT \$ OR %:	
NEW DEPOSIT INF 1. ACCOUNT TYPE	UKMATIUN: UB CHECKING UB SAVINGS	NEW UB ACCOUNT #:	:	AMOUNT	\$ OR %:	
NEW DEPOSIT INF 1. ACCOUNT TYPE 2. ACCOUNT TYPE	UB CHECKING	NEW UB ACCOUNT #:			\$ OR %:	
1. ACCOUNT TYPE 2. ACCOUNT TYPE	☐ UB CHECKING☐ UB SAVINGS☐ UB CHECKING☐ UB SAVINGS☐ UB SAVINGS	NEW UB ACCOUNT #:		AMOUNT	* OR %:	

DIRECT DEPOSITS FROM GOVERNMENT AND SOME PRIVATE SOURCES MAY REQUIRE A SEPARATE AUTHORIZATION FORM. PLEASE CHECK WITH A UNITY BANK PERSONAL BANKER TO SEE IF YOUR DEPOSITS REQUIRE A DIFFERENT FORM.

SOCIAL SECURITY CUSTOMERS, PLEASE CALL THE SOCIAL SECURITY ADMINISTRATION AT 1-800-772-1213. FOR VA BENEFITS, PLEASE CALL THE DEPARTMENT OF VETERANS' AFFAIRS AT 1-877-838-2778 FOR FURTHER INFORMATION.



2B. WITHDRAWALS: NOTIFICATION OF CHANGE OF FINANCIAL INSTITUTION

CHANGE MY	EXISTING AUTO	MATIC PAYMEN	T ESTA	ABLISH AUTON	NATIC PAYMENT
COMPANY INFORM	IATION				
COMPANY NAME:		ACCOUNT#:			
COMPANY ADDRESS:		CITY:	STATE:	STATE: ZIP:	
CUSTOMER INFOR	MATION				
NAME:		PHONE#:			
CUSTOMER ADDRESS:			CITY:	STATE:	ZIP:
UNITY BANK INFOI ROUTING NUMBER		Routing	Dollars 3456789123 -1234 Account Check Number Number		
NEW DEPOSIT INFO	ORMATION:				
1. ACCOUNT TYPE	☐ UB CHECKING ☐ UB SAVINGS	NEW UB ACCOUNT #:		AMOUNT	\$ OR %:
2. ACCOUNT TYPE	UB CHECKING UB SAVINGS	NEW UB ACCOUNT #:		AMOUNT	\$ OR %:
I AUTHORIZE ACCOUNT(S) INDICATE CUSTOMER SIGNATURE		(CO PRIZE THE BANK TO ACC	MPANY) TO MAKE AUTOM/ EPT SUCH PAYMENTS.	ATIC PAYMENTS FRO	M MY UNITY BANK

3. AUTHORIZATION TO CLOSE ACCOUNT

FINANCIAL INSTITUTION			
NAME OF FORMER FINANCIAL INSTITUTION:			
ADDRESS:	CITY:	STATE:	ZIP:
TO WHOM IT MAY CONCERN: PLEASE ACCEPT THIS LETTER AS MY AUTHORIZATION TO CLOSE THI	E ACCOUNTS LISTED BELOW EFFEC	TIVE AS OF:	DATE:
TO THE BEST OF MY KNOWLEDGE ALL TRANSACTIONS INCLUDING A WRITTEN HAVE POSTED TO THE FOLLOWING ACCOUNTS.	TM/DEBIT CARD, AUTOMATIC DEPOS	ITS/PAYMEN	NTS AND CHECKS
PLEASE CLOSE THE ACCOUNT(S) NOTED BELOW AND MAIL THE BALA	ANCE AND ANY INTEREST EARNED T	O THE ADDI	RESS BELOW.
ACCOUNT#:	ACCOUNT#:		
ACCOUNT#:	ACCOUNT#:		
CUSTOMER INFORMATION			
NAME:	PHONE#:		
CUSTOMER ADDRESS:	CITY:	STATE:	ZIP:
CUSTOMER SIGNATURE:		DATE:	
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