



## Welcome to Hebron Savings Bank!

We understand that changing banks can be difficult, but we have put together a list of steps and resources to make your switch as convenient as possible.

### **Step 1: Open your new Hebron Savings Bank Account.**

An account can be opened at any of our 13 convenient locations. A list of necessary information for account opening is included in this document.

### **Step 2: Register for our Digital Banking Channels.**

Hebron Savings Bank is proud to offer Online and Mobile Banking options. We also have options for Cash Management, call Dawn Rayne to discuss your options today 410-749-1185!

### **Step 3: Stop using your old account(s).**

Let all pending payments post to the account, but do not write any additional checks or use your old ATM/debit card. Be sure to cancel any Bill Pays that are currently set up in your old system.

### **Step 4: Move your Payments to your New Account.**

Use our **Payment Change Request Form** to notify each company that makes automatic credits and debits from your accounts. Do not forget automatic payments that are tied to your debit card through companies such as PayPal or Apple Pay. Understand that the recipient of the form may have an internal form that they need, the forms below have been provided for convenience.

### **Step 5: Close your old account(s).**

Your old accounts should stay open long enough for pending payments and outstanding checks to clear. It is possible this could take several weeks. Once all payments have cleared the account, you should be able to close the accounts using our **Request to Close Account Form**. You may use this form in person or mail it to your old bank to request they mail the remaining balance to you with a confirmation of closure. Understand that the recipient of the form may have an internal form that they need, the forms below have been provided for convenience.

### **Step 6: Protect Your Information.**

Be sure to shred or destroy any old checks, deposit slips or ATM/Debit cards. Check your account closure verification to be sure that all online access was disabled per your request.

### **Step 7: Enjoy your New Account!**

Visit Online at [www.hebronsavingsbank.com](http://www.hebronsavingsbank.com) or visit any of our 13 locations to learn more about our products, services and ATM locations.

**Please do not hesitate to contact us about any questions you have regarding your switch to Hebron Savings Bank. If we can assist you in filling out any of these forms, please stop into one of our locations or call our Customer Care Center at 410-749-1185. Our friendly staff is waiting to help you make the switch!**



# Account Transfer Guide

Use this worksheet to keep track of all outstanding payments and deposits to your new Hebron Savings Bank account. This worksheet is only a reference guide provided for your convenience. If we can assist with any questions, please stop into one of our locations or call our Customer Care Center at 410-749-1185.

Hebron Savings Bank Routing Number: 052101669

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

### Old Accounts to Close

Bank Name	Routing Number	Account Type	Account Number	Closed?

### Outstanding Checks to Clear

Check Paid To	Amount	Old Bank Paid From	Old Account Number	Check Clear Date

### Automated Payments to Transfer

Payee/Company	Payment Date/Frequency	Amount	Date "Payment Change Request Form" Sent	Date of Change

### Merchant Accounts to Transfer

Merchant Services Provider	Date "Payment Change Request Form" Sent	Date of Change



## New Account Information

**In compliance with the USA PATRIOT Act Federal law now requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.**

Opening a new account requires that we obtain information from you to be able to maintain security on your new account. Below is a list of information that we will require at account opening for account owners/signers.

- Name - First, Last and Middle initial
- Street Address
- Mailing Address, if different than above
- Date of Birth
- Social Security Number or Tax Payer Identification Number
- Phone Number
- Employer
- E-mail Address
- Mother's Maiden Name
- Password or Pin, created to help identify you when you call in to inquire about your account
- Identification - See below

**When you open an account, you will be asked for information that will allow us to identify you. Hebron Savings Bank does require:**

One form of primary identification from the following list of unexpired documents:

- Driver's License
- State Issued Identification Card
- Military Identification Card
- Passport
- Alien Identification Card
- Green Card

And one form of unexpired secondary ID:

- A known employer ID card
- A state or local government employee ID card
- A voter registration card with signature and consistent information
- Birth Certificate
- Major credit card, with signature
- Property Tax Bill in the name of the account owner
- Social Security Card
- Insurance Card
- Utility Bill, with current address



**For business accounts, we are required to obtain additional information. Please see below based on your business type what we will need to open your account:**

**Corporation** - Please provide **all**:

- Certified Articles of Incorporation
- Government-Issued Business License
- Certified Corporate Resolution or Sales Tax License

**Limited Liability Company** - Please provide any or all:

- (LLC) Resolution
- Articles of Organization
- Operating agreement

**Limited Liability Partnership** - Please provide:

- (LLP) Resolution

**Joint Venture** - Please provide:

- Written Agreement

**General Partnership** - Please provide:

- First and last page of Partnership Agreement

**AND any or all of the following:**

- Copy of letter from IRS assigning TIN
- Business License
- Doing Business As "DBA" name registration

**Sole Proprietorship** - Please provide any or all:

- Copy of letter from IRS assigning TIN
- Business license
- Fictitious Doing Business As "DBA" name registration
- Sole proprietorship resolution
- Identify sole proprietor as an individual.

**Association** - Please provide:

- First and last page of Partnership Agreement

**AND any or all of the following:**

- Copy of letter from IRS assigning TIN
- Copy of letter from IRS awarding tax exempt or non-profit status Business license,
- Doing Business As "DBA" name registration

**Decedent's Estate** -Please provide:

- Certified copy of the court order naming the personal representative

**Guardianship Estate** - Please provide:

- Certified copy of the court order naming the personal representative

**Formal Trust** - Please provide:

- Written certification form executed by the attorney who prepared the trust



# Payment Change Request Form

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

To: \_\_\_\_\_ (Company Name)  
\_\_\_\_\_ (Address of Company)  
\_\_\_\_\_ (City, State, Zip)

From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)  
\_\_\_\_\_ (Account Number – If Applicable)

Company or Agency automatically debiting or crediting your account for payment.  
\*Please verify with the recipient of this form there is not an internal process that needs to be completed. This form is provided for convenience.

## To Whom It May Concern:

This letter is to authorize you to redirect my payment for the above referenced account number to my new Hebron Savings Bank business account effective: \_\_\_ Immediately \_\_\_ Beginning \_\_\_\_\_.

**Bank Name:** Hebron Savings Bank  
**Routing Number:** 052101669  Checking  Savings  
**Account Number:** \_\_\_\_\_  
**Debit Card Number:** \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Please send a confirmation indicating when this change takes effect.

## If you have any questions regarding this request, please contact me at:

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sincerely,

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Co-Signer Signature (if applicable)

\_\_\_\_\_  
Co-Signer Printed Name (if applicable)

\_\_\_\_\_  
Title



# Request to Close Account

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

To: \_\_\_\_\_ (Bank Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State, Zip)

\*Please verify with the recipient of this form there is not an internal process that needs to be completed. This form is provided for convenience.

### To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

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

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

Account Number	Account Type (Checking, Savings, etc.)

### Please also verify:

- My ATM/Debit Cards have been closed.
- My online/mobile banking has been disabled.
- All my Bill Pays have been cancelled.

### If you have any questions regarding this request, please contact me at:

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sincerely,

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Co-Signer Signature (if applicable)

\_\_\_\_\_  
Co-Signer Printed Name (if applicable)

\_\_\_\_\_  
Title