



**HANOVER COMMUNITY BANK
SWITCHKIT**

MAKE THE SWITCH TO HANOVER COMMUNITY BANK BUSINESS OR PERSONAL BANKING

Establishing the right banking relationship is a key ingredient for business success and personal piece of mind. At Hanover Community Bank, we offer a wide variety of checking and savings accounts to meet your unique needs, both personal and business.

When you open a new Hanover Community Bank personal or business checking or savings account, our Hanover Community Bankers will work with you to offer a solution that is right for you and your business. They will help you get started by setting up online banking and providing starter checks.

Save valuable time by completing the convenient SwitchKit forms in advance of coming into our branch.

HANOVER COMMUNITY BANK

2131 Jericho Turnpike
Garden City Park, NY 11040

phone: 516-248-4868
fax: 516-248-4842

contact@hanovercommunitybank.com
www.hanovercommunitybank.com



IT'S EASY TO MAKE THE SWITCH!

We've made it easy to switch your account to Hanover Community Bank. Just review and complete the following Account SwitchKit forms. Join our community in five easy steps:

1

Visit our branch to open a new business or personal checking or savings account

- Meet with a Hanover Community Banker to review your completed forms and choose the account that's right for you.
- Let us help you set up Online Bill Payment for your new account.

2

Reconcile your account and don't use it

3

Switch your automatic deposits

- Complete a copy of the enclosed Automatic Deposit Change form for each automatic depositor.
- Give copies to your merchant credit card processor or other regular depositors.

4

Redirect your automatic and online payments

- Complete a copy of the Automatic Payment Change form to change any automatic withdrawals or payment services.
- Give copies to any company or organization that makes automatic withdrawals from your account.

5

Close your existing account

- Complete the enclosed Account Closing Request form to instruct your existing bank how and where to send a check for any remaining balance.

HCB AUTOMATIC DEPOSIT FORM FOR YOUR PERSONAL ACCOUNTS

To:

Company/Organization Name

Company/Organization Address

City

State

Zip Code

Account Number at Company/Organization

From:

(Business) Name

(Business) Address

City

State

Zip Code

To Whom It May Concern:

Please redirect the automatic deposits for the above account number to the new bank account as instructed below.

Effective: ___ Immediately ___ Beginning ___ / ___ / ___

Hanover Community Bank Account Information

HCB Routing Number

HCB Account Number

___ Checking ___ Savings

Authorizing Officer Printed Name: _____

Signature: _____

Title

Date

If you have questions about this request, please call the above at

()

Area Code

Note: Be sure to confirm that this form can be used by the named company or organization.

Account Holder Signature _____

HCB AUTOMATIC PAYMENT CHANGE FORM FOR YOUR BUSINESS ACCOUNTS

To:

Company/Organization Name

Company/Organization Address

City

State

Zip Code

Account Number at Company/Organization

From:

Business Name

Business Address

City

State

Zip Code

To Whom It May Concern:

Please redirect the automatic payment for the above account number to the new bank account as instructed below.

Effective: ___ Immediately ___ Beginning ___ / ___ / ___

Hanover Community Bank Account Information

HCB Routing Number

HCB Account Number

___ Checking

Authorizing Officer Printed Name: _____

Signature: _____

Title

Date

If you have questions about this request, please call the above at _____

()

Area Code

Account Holder Signature _____

(Attach an HCB voided check)

Note: Be sure to confirm that this form can be used by the named company or organization.

HCB ACCOUNT CLOSING REQUEST FORM

Date: _____

To: _____

Financial Institution

Address

City

State

Zip Code

Please be advised that effective immediately I/we would like to close the account(s) listed below.

Checking # _____ Person Name/Business Name as listed on your account statement _____

Checking # _____ Person Name/Business Name as listed on your account statement _____

Savings # _____ Person Name/Business Name as listed on your account statement _____

Other Account # _____ Person Name/Business Name as listed on your account statement _____

You are authorized to process this request and forward any remaining funds in the account(s) by check to the following address:

Person Name or Business Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

If you have any questions about this request, please call (_____) _____
Area Code

Sincerely,

Signature

Printed Name and Title

Signature (if required)

Printed Name and Title

Helpful Hints

- Check with your current bank to make sure no additional forms or information are required.
- Ask about any possible early withdrawal penalties before you close your old account. For Certificates of Deposit (CDs), it is important to double check maturity dates.
- Ensure all outstanding checks have cleared your existing account.
- Ensure all electronic credits or debits/payments have been transferred to your new account or stopped.
- If you have a balance remaining in your old account, contact your existing bank if you do not receive your check within three weeks.