

# Switch Without a Glitch

## Switch Checklist

Use the Co-op Bank's easy switch kit to move your accounts from other banks to the Co-op Bank. Remember we're always just a phone call away to answer your questions.

### Just follow these simple steps:

- Come talk to us!**  
At the Co-op Bank, we like getting to know our customers, and we will be happy to help you complete this switch kit and choose products that meet your needs. Check out our [hours and locations](#) to find the most convenient for you.
- Make sure you have a valid I.D.**  
A valid I.D. is a state or government issued I.D. that has your name and picture on it like a driver's license or passport. Remember that after an I.D. reaches its expiration date, it's no longer valid.
- Fill out our [Customer Identification Work Sheet](#).**  
This form is required by law and will ask for basic information such as your name, address and social security number.
- Switch your direct deposits and automatic withdrawals.**  
You can switch everything with our [Direct Deposit Change Notice](#) and our [Automatic Payments Change Notice](#). \*\*Social Security benefits can be changed with one phone call: Social Security/SSI 1-800-772-1213 or Veteran's Compensation 1-800-827-1000\*\*
- Close out your old accounts.**  
Once your automatic withdrawals and direct deposits have been changed to your new account, close out the old ones with our [Account Transfer Notice](#).
- You're done!**  
You can now enjoy the benefits of your new accounts at the Co-op Bank!

***Change your bank, change your accounts and change your life!  
Do it all with this easy switch kit from the Pittsfield Cooperative Bank.***

**Pittsfield**  
70 South St.  
(413) 447-7304

**Pittsfield**  
110 Dalton Ave.  
(413) 395-9626

**Dalton**  
431 Main St.  
(413) 684-1551

**Gt. Barrington**  
325 Main St.  
(413) 528-2840

[www.pittsfieldcoop.com](http://www.pittsfieldcoop.com)



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*The Community's Bank Since 1889*

# PITTSFIELD COOPERATIVE BANK SWITCH KIT

## Customer Identification New Account Work Sheet

Account# \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Are you a Current Customer?  Yes  No

Last Name: \_\_\_\_\_

Are you a US Citizen?  Yes  No

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

City/State \_\_\_\_\_

\* Note: P.O. Box holders must furnish physical address as well as mailing address

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

(If different than Street Address)

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Place: \_\_\_\_\_

(Please note unemployed or retired)

Occupation: \_\_\_\_\_

(If retired, former occupation)

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

Type of Identification (i.e. Driver's License or Passport): \_\_\_\_\_

ID Number \_\_\_\_\_ Issuing State/Country: \_\_\_\_\_ Issue Date\*: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*(The issue date of a MA Driver's License can be found on the back of the license on the right-hand side)

**Please note: Federal regulations require that the Bank request and record identification on all customers. We will need to make a copy of your I.D. when you open your account.**

**The information provided is correct to the best of my knowledge. I authorize The Pittsfield Cooperative Bank to check credit and/or employment history should it deem necessary.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### BANK USE ONLY

Intended Use of Account: \_\_\_\_\_

Proximity of residence/employment to Bank: \_\_\_\_\_

Amount of Opening Deposit: \_\_\_\_\_ E FUNDS: # \_\_\_\_\_

Source of Funds: Check \_\_\_\_\_ Check Type \_\_\_\_\_ Cash \_\_\_\_\_ Transfer \_\_\_\_\_

Branch: \_\_\_\_\_ Initials: \_\_\_\_\_ (Account #: \_\_\_\_\_)

Customer Risk Rating \_\_\_\_\_



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# PITTSFIELD COOPERATIVE BANK SWITCH KIT

## Account Transfer Request (PARTIAL)

Previous Financial Institution: \_\_\_\_\_

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

Customer Name: \_\_\_\_\_

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

Customer Social Security Number: \_\_\_\_\_

Please withdraw funds from the following account(s) with your institution:

Account Type <small>(i.e. checking, savings, money market)</small>	Account Number	Dollar Amount

\*If you have a passbook account, remember to enclose the passbook with this form.

Please make a check for the amount(s) listed above.

The check may be made payable to: Pittsfield Cooperative Bank FBO \_\_\_\_\_.

Please mail the check to: Pittsfield Cooperative Bank  
70 South St.  
PO Box 1076  
Pittsfield, MA 01202-1076  
Routing & Transit Number: 2118-7014-2

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Account Holder Signature (if applicable)

\_\_\_\_\_  
Date

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# PITTSFIELD COOPERATIVE BANK SWITCH KIT

## Account Transfer Request

Previous Financial Institution: \_\_\_\_\_

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

Customer Name: \_\_\_\_\_

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

Customer Social Security Number: \_\_\_\_\_

Please withdraw funds from the following account(s) with your institution:

Account Type (i.e. checking, savings, money market)	Account Number

\*If you have a passbook account, remember to enclose the passbook with this form.

Please make a check for the full amount of the above accounts including any interest and dividends.

The check may be made payable to: Pittsfield Cooperative Bank FBO \_\_\_\_\_.

Please mail the check to: Pittsfield Cooperative Bank  
70 South St.  
PO Box 1076  
Pittsfield, MA 01202-1076  
Routing & Transit Number: 2118-7014-2

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Account Holder Signature (if applicable)

\_\_\_\_\_  
Date

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**PITTSFIELD COOPERATIVE BANK SWITCH KIT**

# Automatic Payments Change Notice

Organization or Company Name: \_\_\_\_\_

Organization/Company Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

Account Number with Company: \_\_\_\_\_

Frequency of payment: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Please accept this written notification that the above customer requests a change in their automatic withdrawal information.

- Please deduct all future payments from:

Pittsfield Cooperative Bank  
70 South St.  
PO Box 1076  
Pittsfield, MA 01202-1076  
Routing & Transit Number: 2118-7014-2

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

- Please discontinue all automatic withdrawals from:

Previous Financial Institution: \_\_\_\_\_

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

Please note: this form does not change the frequency, amount or date of the automatic withdrawal. This form authorizes only a change in the financial institution and account from which the automatic withdrawal is made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# PITTSFIELD COOPERATIVE BANK SWITCH KIT

## Direct Deposit Change Notice

Organization or Company Name: \_\_\_\_\_

Organization/Company Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

Customer Social Security Number: \_\_\_\_\_

Please accept this written notification that the above customer requests a change in their direct deposit.

- Please send all future direct deposits to:

Pittsfield Cooperative Bank  
70 South St.  
PO Box 1076  
Pittsfield, MA 01202-1076  
Routing & Transit Number: 2118-7014-2

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

- Please discontinue all direct deposits to:

Previous Financial Institution: \_\_\_\_\_

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

By signing this form, I authorize:

- Above listed entities to deposit all funds to my Pittsfield Cooperative Bank
  - Checking Account
  - Savings Account
- Pittsfield Cooperative Bank to credit direct deposits to my account
- This authorization to remain in effect until I send written notification of change or cancellation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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