Thank you for choosing Everett Co-operative Bank. Enclosed you will find everything you need to switch your deposit accounts from your current financial institution to Everett Co-operative Bank. Switch your checking accounts, savings accounts and even your money market accounts with our Switch Kit, or bring all of your information into the bank and we will sit down and complete this kit with you. It’s really that easy!

After completing the four easy steps outlined below, your account switch will be complete.

**Step 1:** Stop by our Everett or Lynnfield office and open up a new deposit account and then stop using your current bank’s deposit account. **We promise to keep it simple!**

**Step 2:** Change your employer or social security direct deposit and any automatic withdrawals to your new Everett Co-operative Bank deposit account using the simple forms enclosed. **We’ll even fill them out for you!**

**Step 3:** Change your online banking and bill pay to your new Everett Co-operative Bank deposit account. **It’s easy and we’ll show you how!**

**Step 4:** Close your former bank account using the enclosed Quick Close form by mailing it to or dropping it off at your old bank. **We’ll even mail it for you!**

If you have any questions regarding the account switch process please contact us at one of our two convenient locations:

**Everett**
419 Broadway
Everett, MA 02149
(617) 387-1110

**Lynnfield**
771 Salem St.
Lynnfield, MA 01940
(781) 776-4444

everettbank.com
Please print:
Date_________________________________________________
Employer/Deposit Name_____________________________________
Address _________________________________________________
City ________________________ State ______ Zip ____________

To whom it may concern:
You are currently depositing my entire paycheck/part of my paycheck (circle one) to the following account:

Old financial institution _______________________________________
Routing Number _____________________________________________
Account Number _____________________________________________

Please stop making deposits to that account and effective immediately switch them to:

New financial institution_____________________________________
Routing Number _____________________________________________
Account Number _____________________________________________

If you have any questions regarding this request, please contact me during the day/evening (circle one) at:
(______) ________________________ (phone number)

Thank you. Sincerely,

Signature _____________________________________________
Name (please print) _______________________________________
Address _________________________________________________
City ________________________ State ______ Zip ____________
(Your employer may also need your social security number, employee id number, tax identification number, etc.)

Bring this form and a voided check to your employer for payroll processing.
Please print:

Date________________________________________________

Name of company that makes automatic withdrawals _______________________________________________________

Address _____________________________________________
City ____________________ State ______ Zip _____________

To whom it may concern:

You are currently withdrawing $________________(amount) for my ___________________________(what payment is for) from account number _______________________________ on the following date _____________________________________

Old financial institution ___________________________________
Routing Number _______________________________________
Account Number _______________________________________

Effective immediately, please stop making withdrawals to that account and switch them to the following:

New financial institution _______________________________
Routing Number ______________________________________
Account Number _______________________________________

If you have any questions regarding this request, please contact me during the day/evening (circle one) at:
(______) ______________________ (phone number)

Thank you. Sincerely,

Signature ____________________________________________
Name (please print) ____________________________________
Address _____________________________________________
City ____________________ State ______ Zip ___________

Please attached a voided check to this form.
Please print:
Date_________________________________________________
Name of Financial Institution
_________________________________________________________________
Address _____________________________________________
City _____________________ State ______ Zip ____________
To whom it may concern:
Please close my account __________________(account number)
effective immediately.
❏ Send a check for the remaining balance to me at the
   address listed below.
❏ Please electronically transfer the balance of the account
to Everett Co-operative Bank.
Routing Number ______________________________________
Account Number _____________________________________
Account type(s):
   ❏ Checking    ❏ Savings    ❏ Money Market    ❏ All accounts
If you have any questions regarding this request, please
contact me during the day/evening (circle one) at:
(________) ________________________
(phone number)
Thank you. Sincerely,
Primary
Owner’s Signature ________________________________
Owner’s Name (please print) _________________________
Joint
Owner’s Signature ________________________________
Owner’s Name (please print) _________________________
Address _________________________________________
City _____________________ State _____ Zip __________

QUICK CLOSE ACCOUNT FORM
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