



Watertown Savings Bank

WSB Customer Switch Kit

Switch Simple...Bank With WSB



**Switch
Simple**

Watertown Savings Bank 111 Clinton Street, Watertown, NY 13601 315.788.7100



Watertown Savings Bank

WSB Customer Switch Kit

Interested in switching your accounts to Watertown Savings Bank, but not sure where to start? We've developed our Customer Switch Kit in an easy to follow, step by step format to help make your transition to Watertown Savings Bank streamlined and simple.

Let's get started. Follow the steps below to bank with WSB.

- 1 Open a new deposit account with WSB** - Visit any of our [branch locations nearest you](#).
- 2 Set up Direct Deposit**
[Direct Deposit Form](#)
Have your entire check or just a portion of it deposited directly into your new account with WSB. To Change your Social Security direct deposit, take our [Direct Deposit Form](#) to your local office, OR call 1-800-772-1213 and have your new account information available
- 3 Auto Deposit / Withdrawal Redirect**
[Direct Deposit Form](#), [Automatic Withdrawal Authorization Change Form](#)
Have any of your existing Direct Deposits or Automatic Withdrawals redirected to your new WSB account.

We've even created a handy [Automatic Withdrawal Checklist](#) to help keep all of your information organized.

- 4 Close your old account at the other institution**
[Account Closing Form](#)
Before closing your old account, make sure all outstanding checks have cleared your old account before you close it and transfer the balance over to your new account with us.

Once you close your old account(s), remember to shred or destroy any old checks for your security.

Additional Forms (if applicable): Here are some additional forms for specific needs.

[NYS State & Local Retirement](#): Direct Deposit for All Non-Teacher NYS Employees Retirement

[NYS Teachers Retirement](#): Direct Deposit Form for All NYS Teachers

[Change of Merchant Credit Card Processing Form](#): For Businesses Accepting Credit Card Transactions



DIRECT DEPOSIT Authorization Change Form

Use this form to switch your automatic deposits to WSB. **PLEASE NOTE:** If there are multiple accounts involved, please complete a form for each account. Be sure to contact your employer(s) concerning Direct Deposit changes and please verify that your HR department does not require the use of their forms.

Date: _____

Your Company or Employer's Name: _____

Your Company or Employer's Address: _____

City: _____ State: _____ Zip: _____

Please accept this letter as authorization to change the bank account information for direct deposits for:

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____ to Watertown Savings Bank.

Watertown Savings Bank ABA Routing Number: **2 2 1 3 7 1 3 5 6**

CHECKING SAVINGS MONEY MARKET CD

Watertown Savings Bank Account Number: _____

Please Redirect: Full Deposit Amount Other _____

Watertown Savings Bank - 111 Clinton Street, Watertown, NY 13601 315-788-7100

If you should have any questions regarding this transaction, please contact me at this phone number: _____

Sincerely,

Customer Signature



AUTOMATIC WITHDRAWAL Authorization Change Form

Use this form to switch your automatic withdrawals to WSB. **PLEASE NOTE:** If there are multiple accounts involved, please complete a form for each account. Attach a voided check, if possible.

Date: _____

Please accept this letter as authorization to change the bank account information for automatic withdrawals for:

Your Name: First _____ Middle Initial _____ Last _____

Your Address: _____

City: _____ State: _____ Zip: _____ to Watertown Savings Bank.

Watertown Savings Bank ABA Routing Number: **2 2 1 3 7 1 3 5 6**

CHECKING SAVINGS MONEY MARKET CD

Watertown Savings Bank Account Number: _____

Watertown Savings Bank - 111 Clinton Street, Watertown, NY 13601 315-788-7100

If you should have any questions regarding this transaction, please contact me at this phone number: _____

Sincerely,

Customer Signature



BANK ACCOUNT CLOSING FORM

Use this form to close your accounts at another financial institution and request a Cashier's Check for the remaining balance. **PLEASE NOTE:** If there are multiple accounts involved, please complete a form for each account. Verify that all checks and payments have cleared prior to submitting this form to close your account.

Date: _____

Please accept this as my authorization to close my account with your institution.

Account Title: _____

Account Holder Mailing Address: _____

City: _____ State: _____ Zip: _____

CHECKING SAVINGS MONEY MARKET CD

Account Number: _____

Please issue a Cashier's Check in the amount of my account balance, if applicable, plus any accrued interest on the account. The check may be sent to my attention at the address above.

If you should have any questions regarding this transaction, please contact me at this phone number: _____

Sincerely,

Customer Signature