



Now Switching Checking Accounts is as easy as 1,2,3.

At East Boston Savings Bank, we're making it easier for you to maximize your time and your money. With easy access to your accounts using your PC, telephone, ATMs or in person, you'll be able to take care of your banking needs on your schedule.

1. Open your new East Boston Savings Bank checking account.

There are a variety of ways to open your account:

- Visit any EBSB Branch
- Call the Call Center at 800-657-3272
- Do it yourself on the Web, www.ebsb.com

Our banking specialists are available to help you make your selection and start you off to a smooth transition.

2. Move automated transactions to your new account.

Contact organizations with which you've arranged for automatic deposits or withdrawals from your account and give them your new account information.

Change your Direct Deposit to EBSB

- For payroll, fill out the enclosed Payroll Direct Deposit Authorization form and give it to your employer's payroll office.
- To change Social Security direct deposit, call the Social Security Administration at 1-800-772-1213 and tell them you want your direct deposit to go to EBSB. Give them your new EBSB account number and the EBSB routing number (211070120)
- For other direct deposits, contact the company. Tell them that you want to change your direct deposit to EBSB. Provide your new EBSB account number and the EBSB routing number.

Switch your automatic withdrawals to EBSB

- Contact any organization that you have authorized to make automatic withdrawals from your checking account. Use the enclosed Automatic Payments Letter form as a convenient way of letting them know you have changed your account to EBSB and include a voided EBSB deposit slip or check. These may include mortgage or loan payments, insurance premiums, membership fees, utility payments, etc.

Switch charges automatically billed to your old debit card.

- Contact any company that you have authorized to receive payment using your old debit card. Use the enclosed Automatic Payments Letter form to tell them to debit your new EBSB Visa Check Card and provide them with your new card number and expiration date.

3. Close your old account.

Let outstanding checks and automatic withdrawals clear in your old account.

- Leave enough money to cover any outstanding checks that you've written or automatic debits you anticipate. It may take several weeks for everything to clear.

Ask your old financial institution to close your account.

- Request a check for the remaining balance. Use the enclosed form to make it easy. No face-to-face confrontation is needed. Just make sure all your transactions have cleared before closing.

Destroy your checks and ATM/Check Cards from your old financial institution

- For security purposes be sure to cut up or shred any old checks or cards.

Payroll Direct Deposit Authorization



Company Name

Address

City/State/Zip

RE: Switching My Payroll Direct Deposit To A New Account

ATTENTION: Payroll Department

I have recently changed banks and would like to update my direct deposit. Please discontinue my current deposit and begin making direct deposit(s) into my East Boston Savings Bank account(s).

If you have any questions regarding this request, please contact me in writing or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date

Direct Deposit Information

Employee Name

Social Security Number or Employee ID Number

Address

City/State/Zip

Phone: Day/Evening (Circle one)

Old Bank Information:

Bank/Institution Name

Routing Number

Checking Account Number

Amount Deposited (Enter Deposit Amount or "Total Deposit")

Savings Account Number

Amount Deposited (Enter Deposit Amount or "Total Deposit")

New Bank Information:

East Boston Savings Bank

211070120

Bank/Institution Name

Routing Number

Checking Account Number

Amount Deposited (Enter Deposit Amount or "Total Deposit")

Savings Account Number

Amount Deposited (Enter Deposit Amount or "Total Deposit")

Complete this form and submit it to your employer's payroll department. Your employer may have another form to complete. This form is an easy way to remember the account numbers you will need to start direct deposit.

Member FDIC. Member DIF.

Automatic Payments Letter



Company Name

Address

City/State/Zip

RE: Switching My Automatic Payment

ATTENTION: Accounts Receivable/Accounting

I have recently changed banks and would like to have my automatic payment with your company changed to my new account. Please discontinue the below account and begin making automatic withdrawals from my East Boston Savings Bank account.

If you have any questions regarding this request, please contact me in writing or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date

Automatic Payment Information

Name

Phone: Day/Evening (Circle one)

Address
\$

City/State/Zip

Amount Debited (Enter payment amount or "amount due")

Customer Account Number (if applicable)

FOR:

ON:

Payment or Reason

Date of Payment

Old Bank Information:

Bank/Institution Name

Routing Number

Bank Account Number/Debit Card Number

Expiration Date (if using Debit Card)

New Bank Information:

East Boston Savings Bank

211070120

Bank/Institution Name

Routing Number

Bank Account Number/Visa Check Card Number

Expiration Date (if using Debit Card)

Authorization to Close My Account

Financial Institution's Name where you are closing your account

Institution's Address

City/State/Zip

RE: Closing My Account

ATTENTION: Deposit Operations Department

Please accept this letter as my authorization to close my account(s) with your institution.

Accounts to Close

Name on Account

Account Number (circle one) Checking Savings

Joint Owner (if applicable)

Account Number (circle one) Checking Savings

Account Owner Address

City/State/Zip

Please forward all remaining funds on deposit to me at the address listed below. Your assistance in this matter is greatly appreciated. Thank you for your prompt assistance in this matter.

If you have any questions regarding this request, please contact me directly.

Sincerely,

Signature

Date

Name (Please Print)

Address

City/State/Zip

Phone : Day/Evening (Circle one)