

SWITCH KIT Instructions

Bringing a new customer into Oxford Bank is a privilege for us! It's our first opportunity to really demonstrate the care, trust and personal attention we give to our customers. Therefore, we want to make it as easy as possible for our customers to switch to Oxford Bank. It's our goal to help customers close their old bank account(s) and set up their new accounts with direct deposit, automatic bill payments and automatic withdrawals. Following are the instructions and forms for you to use to help make the switch for your customers:

- 1. <u>Tell Customer to stop using the old bank account</u>
 - Help customer calculate the amount they should leave in the old account to cover all outstanding checks and automatic payments that have not cleared.
 - Offer to shred all unused checks, deposit tickets, ATM and debit cards.
- 2. <u>Help customer switch Direct Deposits</u>
 - Complete "Change in Direct Deposit" form and give to customer for their payroll department.
 - If customer gets Social Security call **1-800-772-1213** or go on to their website with customer to change the Direct Deposit.
 - If customer receives pay from the military, help them log on to myPay.com.
- 3. <u>Help customer change automatic payments/set up bill payment</u>
 - Set up all of bills on Bill Payer. If customer receives some benefit for allowing an automatic debit like a reduced interest rate on loan, we will complete the "Change in Automatic Payments" form(s) which will change all automatic withdrawals and automated payment services.
 - Explain it is safer for you to use our Bill Pay service to pay companies like DTE Energy instead of allowing them to direct debit bank account. The reason is if DTE has a billing glitch then they may draft the account for much more than owed. While this can be cleared up, it will be inconvenient and take time.
- 4. <u>Help customer close old account</u>
 - Complete the "Authorization to Close Account" form and sent it to the previous financial institution to close old account(s).
 - After all checks have cleared from previous financial institution, they will send a check for the remaining balance.



SWITCH KIT – New Account Information

JOINT ACCOUNT

Name	Name	
Address	Address	
City	City	
State, Zip	State, Zip	
Mailing Address (if different)	Mailing Address (if different)	
Home Phone	Home Phone	
Work Phone	Work Phone	
PRIMARY ACCOUNT HOLDER INFORMATION	JOINT ACCOUNT HOLDER INFORMATION	
Social Security #	Social Security #	
Driver's Lic. #	Driver's Lic. #	
State Exp. Date	State Exp. Date	
Date of Birth	Date of Birth	
Employer	Employer	
Email Address	Email Address	



SWITCH KIT – Change in Direct Deposit

Date				
Company Name				
Address				
City	State	Zip		
You are currently depositing	Deposit type – payched	k, social security, military, etc.		
Into the following account				
Bank Name				
Routing Number	uting Number Account Number			
I authorize you to redirect this automati	c deposit into my nev	w account, effective		
Date				
<u>NEW BANK</u>				
Oxford Bank				
Routing Number <u>072404333</u>	Account Num	ber		
If you have any questions, please contact me at the following number:				
Customer Phone Number				
Sincerely,				
Signature				
Printed Name				
Address				
City				

Print as many forms as needed, one for each direct deposit. Attach a deposit ticket or voided check from your <u>new</u> Oxford Bank account.



SWITCH KIT – Change in Automatic Payments

Date			
Company Name			
Address			
		Zip	
Current Withdraw	al Amount \$		
From Account #			
ForReas		e day of each month.	
Bank Name			
Routing Number _	A	Account Number	
I authorize you to:			
Stop making with	drawals from the above accoun	nt on:	
Start making with	drawals from my new account	Date	
Oxford Bank	Routing # 072404333	Account #	
If you have any qu	estions, please contact me at the	the following phone number:	
Cust	omer phone number		
Sincerely,			
Signature			
Printed Name			
		Zip	
		copy of a deposit ticket or voided check	

<u>new</u> account with Oxford Bank.



SWITCH KIT - Authorization to Close Account Form

То:	Date:		
Name of Fin	nancial Institution		
	Street Address		
	City, State, Zip		
Please accept this letter as auth	norization to close the account(s) in	ndicated below:	
Please send me a check	for the remaining balance. OR		
Please send Oxford Bar Oxford Bank, PO Box	nk (072404333) a check for the rea 60, Oxford, MI 48371	aming balance at:	
Please close my:			
Checking Account Number	Savings Account Number	Other	
If you have any questions rega	rding this request, please call me a		
		Customer Phone Number	
Sincerely,			
Signature			
Printed Name			
Street Address	City, S	State, Zip	
Phone Number			