

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. Tell Customer to stop using the old bank account

- 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. Help customer switch Direct Deposits

- 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. Help customer change automatic payments/set up bill payment

- 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. Help customer close old account

- 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

INDIVIDUAL ACCOUNT JOINT ACCOUNT 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 JOINT ACCOUNT HOLDER PRIMARY ACCOUNT HOLDER **INFORMATION 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_____



<u>SWITCH KIT – Change in Direct Deposit</u>

Date			
Company Name			
Address			
City	State	Zip	
You are currently depositing	Deposit type – paychec	k, social security, military, etc.	
Into the following account			
Bank Name			
Routing Number	Account Number		
I authorize you to redirect this automa	tic deposit into my nev	v account, effective	
Date			
NEW BANK			
Oxford Bank Routing Number <u>072404333</u>	Account Numb	er	
If you have any questions, please conta	act me at the following	number:	
Customer Phone Number			
Sincerely,			
Signature			
Printed Name			
Address			
City	State	Zip	

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.

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SWITCH KIT – Change in Automatic Payments

Date		
Company Name_		
Address		
City	State	Zip
Current Withdraw	ral Amount \$	
From Account #_		
ForReas		day of each month.
Bank Name		
Routing Number _	Acc	count Number
I authorize you to:		
Stop making with	drawals from the above account	on:
Start making with	drawals from my new account o	n:
		Date
Oxford Bank	Routing # 072404333	Account #
If you have any qu	uestions, please contact me at the	e following phone number:
Cust	omer phone number	
Sincerely,		
Signature		
Printed Name		
Address		
City	State	Zip
Please print as ma	any forms as needed. Attach a conew account with	opy of a deposit ticket or voided check from Oxford Bank.

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SWITCH KIT – Authorization to Close Account Form

To:	Date:			
Name of Financial Ins	stitution			
	Street Address			
	City, State, Zip			
Please accept this letter as authorizati	ion to close the account(s) indi	cated below:		
Please send me a check for the	e remaining balance. OR			
Please send Oxford Bank (072 Oxford Bank, PO Box 60, Ox		ing balance at:		
Please close my:				
Checking Account Number	Savings Account Number	Other		
If you have any questions regarding t	this request, please call me at:			
		Customer Phone Number		
Sincerely,				
Signature				
Printed Name				
Street Address	City, State	, Zip		

Phone Number