



# Buckeye State Bank ....Switching Made Simple

## AUTOMATIC PAYMENT TRANSFER

### QUICK CHECKLIST

- ▶ Open a new account at a convenient Buckeye State Bank Location
- ▶ Reconcile and balance your old account for any outstanding transactions
- ▶ Identify all automatic payments and direct deposits linked to your old account and facilitate the transfer of those services.
  - DIRECT DEPOSIT TRANSFER FORM
  - AUTOMATIC PAYMENT TRANSFER FORM
- ▶ Maintain sufficient funds in both your old and new accounts until all outstanding transactions are accounted for
- ▶ Close your old account
  - ACCOUNT CLOSING REQUEST FORM

*For Social Security deposit transfers, you may speed up your transfer by contacting the*  
**Social Security Administration**  
*directly at 1-800-772-1213*  
*15 days before your expected monthly deposit.*

Merchant Name \_\_\_\_\_

Client Name \_\_\_\_\_

Street Address \_\_\_\_\_

Client Address \_\_\_\_\_

City State Zip \_\_\_\_\_

City State Zip \_\_\_\_\_

RE: \_\_\_\_\_  
Account Number

Client Phone Number \_\_\_\_\_

\_\_\_\_\_ Social Security Number

To Whom It May Concern,

I recently established an account at Buckeye State Bank. I would like to request that you deduct any recurring automatic payment(s) to you from the new account listed below. I understand the amount will be deducted from my account on the due date. Recurring debits from my old bank account(s) should be discontinued. This authorization is to remain in effect until you receive written notice of termination from me

I acknowledge that the origination of ACH transactions from my account must comply with applicable provisions of U.S. law.

Please make this transfer effective as of \_\_\_\_\_  
Date

\_\_\_\_\_ Old Routing/Transit Number

\_\_\_\_\_ Old Account Number

\_\_\_\_\_ New Buckeye State Bank Routing/Transit Number

\_\_\_\_\_ New Buckeye State Bank Account Number

If this form does not provide sufficient authorization for my request, please forward the appropriate for to the address listed above for my signature.

Thank you for your assistance in this matter.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: Complete and send a copy of this form for each account being closed to your old bank. Be sure to confirm all pending transactions have cleared. Keep a copy of your request for your file.