



Everything you need to easily *switch* to Dime!

Changing banks can seem like a daunting task: moving your direct deposit, changing your automatic payments, setting up new bill pay accounts. That’s why Dime has designed this Switch Kit to make changing banks as simple as possible!

Just follow these four easy steps!

<p>Step One:</p> <p><i>Open your new account</i></p> <ul style="list-style-type: none"> • Complete the Account Information form in this document and bring it with you to any of our convenient locations, or open your account Online at www.dime-bank.com/open! • Use the work sheet in this document to gather your information for switching your account. 	<p>Step Two:</p> <p><i>Switch your Direct Deposit(s), Automatic Payment(s), and Bill Payees</i></p> <ul style="list-style-type: none"> • Payroll Deposit Authorization Form: Use this form to switch any Direct Deposits to your new account at Dime. • Automatic Payment Request: Use this form to change any Automatic Payments to your new account. • Bill Payment Merchant Sign Up Worksheet: Once you have enrolled in our DimeOnLine™ Bill Pay service, you can switch over your payees.
<p>Step Three:</p> <p><i>Discontinue using your old account</i></p> <ul style="list-style-type: none"> • It could take up to two statement cycles for all your outstanding checks and items to clear. • In the meantime, destroy any unused checks, deposit slips, and ATM/Debit cards. 	<p>Step Four:</p> <p><i>Close your old account</i></p> <ul style="list-style-type: none"> • Account Closing Request: Use this form to request that the account(s) you have at your old bank be closed and to have any remaining funds sent to you. Verify that all your automatic payments have been switched to your new account and any outstanding checks have cleared.

Have a question? Call us.

If you need assistance on making the switch to Dime, please call us at 860.859.4300 or stop by one of our convenient locations.



Account Information

Individual Account

 Name

 Street Address

 City, State, Zip

 Mailing Address *(if different)*

 Home Phone Work Phone

 Email Address

Primary Account Holder Information

 Social Security Number

 Driver's License Number

 Issue Date and Expiration Date

 Date of Birth

 Place of Birth

 Employer

 Position

 Signature

Joint Account

 Name

 Street Address

 City, State, Zip

 Mailing Address *(if different)*

 Home Phone Work Phone

 Email Address

Joint Account Holder Information

 Social Security Number

 Driver's License Number

 Issue Date and Expiration Date

 Date of Birth

 Place of Birth

 Employer

 Position

 Signature



Work Sheet

Use this form to gather information you will need to make switching your checking account to Dime Bank quick and easy!

Dime Bank Information:

Name & Address:	Dime Bank, 290 Salem Turnpike, Norwich, CT 06360
Routing/ABA #:	211173373
Checking Account #:	
Savings Account #:	

Previous Bank Information:

Bank Name & Address:	
Routing/ABA #:	
Checking Account #:	
Savings Account #:	
Debit Card #:	

Direct Deposit Information:

Employer Name:	
Company Name:	
Company Address:	

Do you have, or wish to have, any deposit from your employer or others (such as Social Security, VA Compensation, Interest Income), directly deposited into your new Dime Checking Account?

Company Name & Address:	
Account #:	Payment Amount \$:
Company Name & Address:	
Account #:	Payment Amount \$:
Company Name & Address:	
Account #:	Payment Amount \$:



Payroll Deposit Authorization Form

Use this form to request the direct deposit of your pay to your Dime Checking Account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer’s payroll department if you have any questions about their process.

Direct Deposit Authorization:

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Dime Bank, Norwich, CT, and I authorize and request Dime Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name:		
Social Security #:		
Address:		
City:	State:	Zip:
Dime Bank Checking Account #:		
Dime Bank Savings Account #:		
Dime Bank ABA / Transit Routing #: 211173373		

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Dime Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.

Account Owner _____

Signature _____ Date _____



Automatic Payment Request

Use this form to request the transfer of an automatic payment from your Dime Bank Checking Account. Complete this form for each automatic payment(s), and attach a voided check from your new Dime Checking Account. Many companies also provide information on how to make a change or establish an automatic payment(s) on their website or on their bill/statement. Please allow sufficient time for your first automatic payments to be activated against your new Dime Bank Checking Account.

To Whom It May Concern:

Date: _____

I am requesting that my payment be automatically deducted from my Dime Bank Checking Account.

Company Name: _____

Account Number with this company: _____

Effective immediately, please use the following Dime Bank Checking Account information for my automatic payments.

Dime Bank Checking Account #: _____

Dime Bank Routing #: 211173373

If there are any questions regarding this request, you may contact me at the number listed below.

Account Owner: _____

Account Owner (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Owner Signature: _____ Date: _____

Account Owner Signature (if applicable): _____ Date: _____



DimeOnLine™

Bill Payment Merchant Sign Up Worksheet

Use the form to list the information for the merchants you wish to pay from your Dime Checking Account using our DimeOnLine™ Bill Pay. Please see our customer service representatives for information on this convenience banking service. Once you sign up for Bill Pay and your account is activated, you will receive notification from the Digital Banking department on how to access your DimeOnLine™ account.

Merchant Name: _____

Merchant Address: _____

City: _____ State: _____ Zip: _____

Merchant Phone #: _____

Merchant Account #: _____

Merchant Name: _____

Merchant Address: _____

City: _____ State: _____ Zip: _____

Merchant Phone #: _____

Merchant Account #: _____

Merchant Name: _____

Merchant Address: _____

City: _____ State: _____ Zip: _____

Merchant Phone #: _____

Merchant Account #: _____

Merchant Name: _____

Merchant Address: _____

City: _____ State: _____ Zip: _____

Merchant Phone #: _____

Merchant Account #: _____



Account Closing Request

Use this form to request that the account(s) you have at your current bank be closed and to have any remaining funds sent to you. Prior to closing your accounts, consult with your current financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check has cleared. You can also visit your current bank to close out your accounts.

To Whom It May Concern:

Date: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me/us at the address listed below for any remaining funds in the account(s). If you have any questions regarding this request, please contact me/us at the phone number or address listed below.

Thank you.

Please close the following accounts:

Checking #:	Account Owner(s) Name:
Savings #:	Account Owner(s) Name:
Other Account #:	Account Owner(s) Name:
Other Account #:	Account Owner(s) Name:

If there are any questions regarding this request, you may contact me at the number listed below.

Account Owner: _____

Account Owner (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Owner Signature: _____ Date: _____

Account Owner Signature (if applicable): _____ Date: _____