HOW TO SWITCH BANKS
How do you switch to a Ledyard checking account?

LEDYARD BANK

In four simple steps. Our Switch Kit includes everything you need to make a smooth transition to Ledyard Bank.

Follow these steps after opening your new checking account with Ledyard.
Have questions? Call us (888) 746-4562 or stop in at one of our convenient locations.

Step 1 Stop actively using your previous account.

- Stop using your former account approximately 30 days before closing it.
- Remember to leave sufficient funds to cover any outstanding transactions.
- Destroy any unused checks, deposit slips and debit/ATM cards you may have.

Step 2 Change your direct deposits to your Ledyard account.

- Complete a copy of the Direct Deposit Authorization form for each company, including your employer, that makes direct deposits into your account. Please print and mail the authorization directly to the service provider.
- Change your Social Security Administration direct deposit by calling 800.772.1213 or by visiting www.socialsecurity.gov. Your routing numbers and account numbers will be on your Ledyard starter checks.

Step 3 Change your automatic payments to your Ledyard account.

- Complete a copy of the Automatic Payment Authorization form for each service provider you pay automatically from your account. Print and mail the authorization directly to each company.

Step 4 Close your old account.

- After the last of your outstanding checks and payments clear, complete and mail the Close Account Request form to your former financial institution.

Welcome to Ledyard Bank!
We're pleased to be your community bank.

BEDFORD | CONCORD | HANOVER | LEBANON | LYME | NEW LONDON | NORWICH, VERMONT | WEST LEBANON

MEMBER FDIC

Step Two
Direct Deposit Authorization

This serves as notification of a change in my direct deposit information. Effective immediately, you are authorized to establish direct deposit into my Ledyard Bank account.

TYPE OF AUTOMATIC DEPOSIT

❒ Employee Payroll ❒ Pension/Retirement ❒ Investment Income

❒ Social Security (Additional forms required – www.ssa.gov)

❒ Other (Please Specify)_____

DEPOSITOR INFORMATION

The company or organization that issues the direct deposit.

NAME OF COMPANY/ORGANIZATION _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RECIPIENT INFORMATION

The person into whose account the direct deposit is made.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ PHONE _____

BANK ACCOUNT INFORMATION

Ledyard National Bank Routing Number: 011701987

Bank Account Number: _____   ❒ Checking   ❒ Savings

AUTHORIZATION

Account Holder Signature:_____   Date:_____

Account Holder Signature:_____   Date:_____

Please acknowledge your receipt of this notice by sending confirmation of this change to the address listed under RECIPIENT INFORMATION. Please notify recipient immediately if this form is not sufficient to complete the requested change.

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Step Three

If you have any questions,
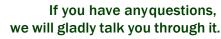we will gladly talk you through it.

1.888.746.4562

Automatic Payments Authorization

This serves as notification of a change in my automatic payment information. Effective immediately, you are authorized to establish an automatic payment deduction from my Ledyard Bank account.

BILLER INFORMATION
The company or organization that receives automatic payment.

NAME OF COMPANY/ORGANIZATION   PHONE

ADDRESS

CITY   STATE   ZIP

CUSTOMER INFORMATION
The person from whose account the automatic payment is made.

NAME   BILLING ACCOUNT NUMBER

ADDRESS

CITY   STATE   ZIP

LEDYARD NATIONAL BANK ACCOUNT INFORMATION

Ledyard National Bank Routing Number: 011701987

Bank Account Number:_____ ❏ Checking   ❏ Savings

AUTHORIZATION

Account Holder Signature:_____   Date:_____

Account Holder Signature:_____   Date:_____

Please acknowledge your receipt of this notice by sending confirmation of this change to the address listed under CUSTOMER INFORMATION. Please notify customer immediately if this form is not sufficient to complete the requested change.

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Step Four
Authorization to Close Account

If you have any questions,
we will gladly talk you through it.
1.888.746.4562

This serves as authorization to close the account(s) detailed below and transfer the balance and all accrued interest to Ledyard Bank.

FORMER BANK INFORMATION

FORMER BANK

ADDRESS

CITY   STATE   ZIP

ACCOUNT HOLDER INFORMATION

CUSTOMER NAME

SOCIAL SECURITY NUMBER

Please immediately close and transfer the balances of the following account(s):

Account Number:_____   ❑ Checking   ❑ Savings   ❑ Money Market

Account Number:_____   ❑ Checking   ❑ Savings   ❑ Money Market

Account Number:_____   ❑ Checking   ❑ Savings   ❑ Money Market

Please transfer balances by check payable to: *Account Holder*, c/o Ledyard National Bank. Reference the new account number below on the check's memo line. Check should be mailed to Ledyard National Bank, _____ *or*
a local branch: _____

LEDYARD NATIONAL BANK ACCOUNT INFORMATION

Ledyard National Bank Routing Number: 011701987

Bank Account Number: _____

AUTHORIZATION

Account Holder Signature:_____   Date:_____

Account Holder Signature:_____   Date:_____

Please acknowledge your receipt of this notice by sending confirmation of this change to:

NAME   ADDRESS

Please notify account holder immediately if this form is not sufficient to close the account.

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