

HOW TO SWITCH BANKS

How do you switch to a Ledyard checking account?



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

Follow these steps after opening your new checking account with Ledyard. Have questions? Call us (603) 643-2244 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 National Bank!
We're pleased to be your community bank.

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

EQUAL HOUSING LENDER MEMBER FDIC

Step Two

Direct Deposit Authorization

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

1.888.746.4562

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

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 National 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.

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 National 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 MoneyMarket

Account Number: _____

Checking Savings MoneyMarket

Account Number: _____

Checking Savings MoneyMarket

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.