SWITCH KIT

Getting Started

Making the switch to better banking today!

You can make the move to Legence Bank in four easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Legence Bank, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes at https://legencebank.csinufund.com/ or visit your local branch to open your new Legence Bank account(s). To make your process simple and faster, you will need to have a few items with you: current, valid photo identification, name and social security number for each account holder, and an initial deposit of \$100.00 in either cash or check. If your identification does not reflect your current address, we will also need a document that shows proof of residence.



Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Legence Bank.



Online Banking, Bill Payment, eStatements and the Legence Bank App make life easier. Click on the links below for more information.

- » Online Banking
- » Bill Payment
- » eStatements
- » Legence Bank App

4

Close your old account.

Now you're ready to switch. Make sure all outstanding checks and transactions have cleared in your old account and all automatic payments and deposits have been switched to your new account. You are now ready to transfer any remaining balance to your new Legence Bank account and close your old account.



SWITCH KIT

Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Legence Bank account. Use one form for each direct deposit. Provide this form to your employer.

Notification of Direct Deposit Authorization Change	Direct Deposit Checklist:
Company or Employer:	Use this list to remember all your direct deposits you need
Address:	to transfer. These are the most common direct deposits.
City, State, Zip:	Payroll
Phone Number:	Investments
Employee ID:	Retirement Plans
(if applicable)	Social Security
Effective immediately, please deposit the net amount of my check to my Legence	Bank
account. I authorize (name of depositor)	
to automatically deposit funds into the account below. This authorization shall rem	nain in
place until I have submitted a new authorization, or until this authorization is char	nged or
revoked by me in writing.	
Place an X next to your desired option.	
Net amount to Legence Bank CHECKING	
Account # Routing # 081204867	
Net amount to Legence Bank SAVINGS	
Account # Routing # 081204867	
Signature: Date:	
Name:	
Address:	
City, State, Zip:	
Phone Number:	





SWITCH KIT

Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website. Provide this form to the company.

Notification of	Withdrawal Authoriza	ation Change	Automatic Withdrawal Checklist:
Name of Company:			Use this list to remember all your
Account Number:			automatic payments you need to
Payment Amount:			transfer. These are some of the most commonly used automatic
Address:			payments.
City, State, Zip:			Home Mortgage
Phone Number:			Auto Loans
			Utilities
Please change my auto	matic withdrawal from the follow	ving account:	
Financial Institution:			Cable/Internet
Account #	Bank	k Routing #	Gym/Club Memberships Credit Cards
			Investments
	automatic withdrawals from the f	following account:	
Financial Institution:	Legence Bank		Charity Donations
Account #	Bank	k Routing # 081204867	
Thank you very mucl).		
	nain in effect until I have submitte me in writing that this authorizati	ed to you a new authorization, or until ion has been changed or revoked.	
Signature:		Date:	
Name:			
Address:			
City, State, Zip:			



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Phone Number: