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## Account Switching Worksheet

Collect the statements for those companies using direct deposit or automatic payment. Enter the information for these companies below so you have an easy reference while your deposits and payments are being switched. Please keep this checklist in a safe place to protect your personal information.

Direct Deposits						
	Company Name	Phone #	Account #	Deposit Date	Change Effective Date	Switch Complete Date
Payroll						
Pension						
Social Security	Social Security Office	1-800-772-1213				
Automatic Payments (Online and/or Recurring)						
	Company Name	Phone #	Account #	Payment Date	Change Effective Date	Switch Complete Date
Mortgage/Rent						
Insurance						
Electric						
Gas						
Water						
Telephone						
Cable						
Credit Card						

*If required by a company, Pathfinder Bank's routing number is 221370894.*



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Account Closing Request

Use this form to request that the account(s) you currently have at another financial institution be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until all of your outstanding items have cleared.

To: \_\_\_\_\_

From: \_\_\_\_\_

Primary Account Holder \_\_\_\_\_

Secondary Account Holder \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please close the following account(s) with your institution:

Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Please send any funds remaining in these accounts to: (Please select one)

The address shown above

Deposit into another account at your institution  
Account Number: \_\_\_\_\_

Pathfinder Bank  
214 West 1st Street  
Oswego, NY 13216

Account Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Account Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notary:  
State of New York County of Oswego:SS:  
On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) are/is described to the within instrument and acknowledged to me that they executed the same in their capacity, and that their signature(s) on the instrument, the individuals or the person upon behalf of which the individuals acted, executed the instrument.

\_\_\_\_\_  
Notary Public [SEAL]



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Direct Deposit Change Request

Use this form to request the direct deposit of your funds to your Pathfinder Bank Checking or Savings Account. You will need to provide this information to the payer of these funds with any other additional information and authorization they need to initiate the deposit.

To: \_\_\_\_\_

From: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

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

RE: CHANGE OF DIRECT DEPOSIT ROUTING

Please discontinue sending my automatic direct deposit to \_\_\_\_\_.

Checking Account # \_\_\_\_\_

and/or Savings Account # \_\_\_\_\_

Please begin sending the same deposit to:

Pathfinder Bank
Oswego, NY
Transit/ABA # 221370894

Deposit instructions: (Check one)

Deposit entire amount to: Checking # \_\_\_\_\_ or Savings # \_\_\_\_\_

Split the deposit as follows: \$ \_\_\_\_\_ to Checking/Savings # \_\_\_\_\_
\$ \_\_\_\_\_ to Checking/Savings # \_\_\_\_\_

I authorize:

- i. Above listed entity to initiate deposit of my funds to my Pathfinder Bank checking or savings account,
ii. Pathfinder Bank to credit entries to my account(s),
iii. This authorization to remain in effect until I send written notice of change or cancellation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Automatic Payment Transfer Authorization

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

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

To Whom It May Concern:

Currently, you are debiting payment from my old bank account at:

Former Bank's Name \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Please stop debiting this account and begin debiting this payment from my new account at Pathfinder Bank.

Effective Date \_\_\_\_\_

Pathfinder Bank Routing Number \_\_\_\_\_ 221370894

Pathfinder Bank Account Number \_\_\_\_\_

Please send me a written confirmation of the date this change will be effective on your systems.

Sincerely,

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

*\* Please provide sufficient time for the receiving entity to make the above changes.*



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## Bill Payment Payee Information Form

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Use this form to organize the information for the merchants you wish to pay from your Pathfinder Bank checking account using our free Online Bill Pay Service. Once you register at [www.pathfinderbank.com](http://www.pathfinderbank.com) and enter your payee information, you are then set to pay your bills online.

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Merchant Name	Merchant Address	Merchant Phone #	Merchant Account #