



Local. Community. Trust.

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.

_____[SEAL]
Notary Public



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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.*

