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# SwitchKit

Banking local just got a little easier.

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The Equitable Bank | 2290 North Mayfair Road, Wauwatosa, WI 53226 | 414.476.6434

# SwitchKit



## Interested in switching your accounts to The Equitable Bank, but not sure how to get started?

The Equitable Bank SwitchKit is a step-by-step checklist to help make your transition to a new Equitable Bank account quick and easy. Just follow the simple steps to get started.

If you need any assistance throughout the transition, please call any of our branch locations or our Customer Service at 414.475.1690. Thank you for choosing The Equitable Bank!

### 1) Open an account in a branch or online.

- To apply online, visit our website ([TheEquitableBank.com/OpenAccount](http://TheEquitableBank.com/OpenAccount)), click on the type of account you would like to open.
- Use the Hours and Locations page on our Website to locate The Equitable Bank branch closest to you. ([TheEquitableBank.com/locations.aspx](http://TheEquitableBank.com/locations.aspx))

### 2) Sign up for Equitable E-Banking.

- 24-hour account access of all your real-time account activity and current statements. Schedule transfers between savings and checking accounts.

### 3) Stop using your former account and begin using your Equitable Bank account.

- Be sure to leave sufficient funds in your former account until all of your checks have cleared and any automatic withdrawals have been successfully transferred to The Equitable Bank.

### 4) Change your Direct Deposits to The Equitable Bank.

- Use our attached Direct Deposit Authorization Change Form to change any direct deposits. Remember to attach a voided Equitable Bank check to this form.

### 5) Change your Automatic Payments or Withdrawals to The Equitable Bank.

- Use our attached Automatic Payment or Withdrawal Authorization Change Form.

### 6) Close your former account at the other institution.

- Use the attached Account Closing Request Form to close your account at the other banking institution.
- Once you close your account at the other institution, remember to shred or destroy any old checks for security purposes.



To find the Routing Number and your Account Number

- 1) The bank's 9 digit routing number
- 2) Your account number is located here
- 3) Your check number is located here

Use this form to gather all of your auto pay and deposit information.



### Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Deposit
Employee Payroll				
Pension(s)/Retirement				
Social Security				
Investment Incomes				
Other				

### Direct Deposit and Automatic Payment Checklist

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Credit Cards				
Store Credit Cards				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Internet Provider				
Gas/Oil				
Water				
Trash Removal				
Investments				
IRA/Retirement				
Charities				
Daycare				
Health Club				
Tuition/School Expense				
Other				

### Helpful Phone Number and Websites

Social Security Administration	800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
Office of Personnel Management	888.767.6738	<a href="http://www.opm.gov">www.opm.gov</a>
Department of Veterans Affairs	877.838.2778 or 800.827.1000	<a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a>

# Account Closing Request Form

Use this form to close your account at another bank institution and request a check for the remaining balance.

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Bank Name)  
\_\_\_\_\_ (Bank Address)  
\_\_\_\_\_ (City, State, Zip)

Primary Account Holder:  
\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)

Secondary Account Holder:  
\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)

**Note:**

- If there are multiple accounts involved please complete a separate form for each account.
- Verify all checks and payments have cleared prior to submitting this form to close your account.

Please accept this as my authorization and direction to close my account with your institution.

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

Checking  Savings  CD  Money Market (select one)

Please send the check in the amount of my account balance plus any accrued interest to my attention at the address on file.

If you should have any questions regarding this transaction please call me at my daytime phone number: \_\_\_\_\_. Thank you for your cooperation.

Sincerely,

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



# Automatic Payment or Withdrawal Authorization Change Form

Use this form to change your automatic payments or withdrawals to The Equitable Bank.

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Company Name)  
\_\_\_\_\_ (Company Address)  
\_\_\_\_\_ (City, State, Zip)

**Note:**

- If there are multiple payments involved please complete a form for each.

From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals in the name of: \_\_\_\_\_, customer account number: \_\_\_\_\_, payment type: (i.e. Mortgage, Auto, Utilities, etc) \_\_\_\_\_, approximate amount of transfer \_\_\_\_\_.

I am aware that some automatic payments or withdrawals require advance notice of changes. Please include those notice periods when determining the new effective date.

Effective immediately, the new bank information is as follows:

**Bank Address: 2290 North Mayfair Road, Wauwatosa, WI 53226**

The Equitable Bank Account Number: \_\_\_\_\_

Checking  Savings  Money Market (select one)

The Equitable Bank Routing Number: **275071259**

If you should have any questions regarding this transaction please call me at my daytime phone number: \_\_\_\_\_. Thank you for your cooperation.

Sincerely,

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



## Direct Deposit Authorization Change Form

Use this form to change your direct deposit to The Equitable Bank (payroll, dividends, social security, etc).

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Company/Employer Name)  
\_\_\_\_\_ (Address of Employer Company)  
\_\_\_\_\_ (City, State, Zip)

Primary Account Holder:  
\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)

Secondary Account Holder:  
\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, Zip)

**Note:**

- If there are multiple accounts involved please complete a form for each account.
- Contact your employer(s) concerning direct deposit changes.
- Complete any required HR forms.

Please accept this letter as authorization to change the bank account information for direct deposit in the name of: \_\_\_\_\_, payment type: (i.e. Payroll, Pension/Retirement, Investment Income, other-please specify) \_\_\_\_\_.

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

The Equitable Bank Account Number: \_\_\_\_\_

**Bank Address: 2290 North Mayfair Road, Wauwatosa, WI 53226**

Checking  Savings  Money Market (select one)

The Equitable Bank Routing Number: **275071259**

If available, attached is a voided check from my account.

If you should have any questions regarding this change, please call me on my daytime phone number: \_\_\_\_\_. Please send me written confirmation of when the change will be effective.

Thank you for your cooperation.

Sincerely,

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