



New Account Information

Primary Applicant (must be present to open account)

Name _____ Date of Birth _____

Home Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____ Ext: _____

Email _____ SSN _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Position _____

Driver's License Number _____ Issue Date _____ Exp. Date _____ State _____

Signature

Joint / Secondary Applicant (must be present to open account)

Name _____ Date of Birth _____

Home Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____ Ext: _____

Email _____ SSN _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Position _____

Driver's License Number _____ Issue Date _____ Exp. Date _____ State _____

Signature

Accounts and Services you currently use or are interested in: (Please check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Home Equity Loan |
| <input type="checkbox"/> Interest Bearing Checking Account | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Mortgage Loan |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Consumer Loan |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Mobile Banking | _____ |
| | <input type="checkbox"/> Investment Services | |



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Change Automatic Withdrawal

Date _____

Name of company that makes automatic withdrawal _____

Street Address _____

City, State, Zip _____

To Whom It May Concern:

I have recently changed banks and would like to have my automatic payment with your company changed to my new account.

Please discontinue debiting my old bank account and begin making automatic withdrawals from my new Chelsea Groton Bank account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature _____

Date _____

Automatic Withdrawal Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Day _____ Evening _____ (Check one)

Amount Debited (Enter payment amount or "amount due") _____

Old Bank Name _____ Routing Number* _____

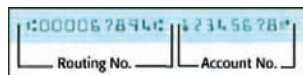
Account Number _____

Payment or Reason _____ Date of Payment _____

New Bank Name **Chelsea Groton Bank** Routing Number **211173357**

Account Number _____

* To find the account numbers for your old account, look at the bottom of your checks for a series of numbers. Bank routing numbers are the first nine digits of the series. The second set of numbers is your old account number.



Member FDIC





Change Payroll Direct Deposit

Date _____

Employer / Depositor's Name _____

Street Address _____

City, State, Zip _____

To Whom It May Concern:

I have recently changed banks and would like to update my direct deposit. Please discontinue my current deposit and begin making direct deposit(s) into my new Chelsea Groton Bank account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature _____

Date _____

Direct Deposit Information

Name _____

Social Security Number or Employee Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Day _____ Evening _____ (Check one)

Amount Deposited (Enter deposit amount or "total deposit") _____

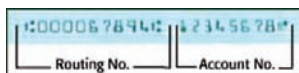
Old Bank Name _____ Routing Number* _____

Account Number _____

New Bank Name **Chelsea Groton Bank** Routing Number **211173357**

Account Number _____

* To find the account numbers for your old account, look at the bottom of your checks for a series of numbers. Bank routing numbers are the first nine digits of the series. The second set of numbers is your old account number.



Member
FDIC





Close Account

Date

Bank's Name

Street Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions regarding this request, please contact me during the DAY / EVENING (circle one) at _____ (phone number).

Thank you.

Sincerely,

Authorized Signature

Joint Owner

Name (please print)

Joint Owner Name (please print)

Street Address

City, State, Zip

Please Note: Applicant must bring this form to the institution they are leaving.