



# Switch Kit



## ***MCSB Switch Kit***

We're pleased you've decided to make the switch and want to enjoy the great service and friendly bankers at Mercer County State Bank. We pledge you'll always receive prompt, personal service, provided by people who know you.

Changing banks can be a big decision and a real challenge. That's why MCSB has designed this Easy Switch Kit to guide you step-by-step through the move. This Kit includes several worksheets and forms that will make it easy for you to switch.

Just follow these easy steps and you'll be switched in no time!

### **Step 1:**

**Open your new account at Mercer County State Bank.** Explore the products we offer to find the account that best fits your needs. To open your new account come visit your local MCSB location and one of our customer service representatives will be happy to assist you with the process.

### **Step 2:**

**Switch your Direct Deposit Information.** If you have direct deposit set up through your employer print out and complete our payroll direct deposit form to notify your company to change your direct deposit to MCSB. If you have direct deposit for federal benefits please fill out the Department of Treasury form provided.

### **Step 3:**

**Switch your Automatic Payments.** Use our automatic payment change form to notify each company you have automatic payments scheduled with of your new MCSB account number.

### **Step 4:**

**Close your old Bank account(s).** Make sure all checks and transactions have cleared before closing your old accounts. Once all your items have cleared, complete our account closing request form to send to your old financial institution.

# Electronic Transaction Checklist

Direct Deposits: List all direct deposits to your account(s).

Deposit Type	Company or InstitutionName	Account Number	Amount	Date	Completed ✓		
Employer Payroll							
Social Security							
Pension/Retirement Plan							
Investment/Brokerage							
Other:							
Other:							
Other:							

BILLPAY Payments/Transfers: List all withdrawals from your account(s).

Withdrawal Type	Company or InstitutionName	Account Number	Amount	Date	Completed ✓		
Home/Auto Insurance							
Life Insurance							
Gas/Electric							
Telephone/Cell							
Water							
Cable/Satellite/Internet							
Mortgage/Rent							
Auto Loan							
Home Equity Loan							
Personal Loan							
Credit Card							
Other:							
Other:							
Other:							
Other:							



# Payroll Direct Deposit

1. Take this completed form to your employer's HR/payroll department that you have direct deposit with.
2. Attach a voided check from your new MCSB account and provide it to your employer.

\*Check with your employer to ensure they do not require any additional information or specific forms necessary to change your direct deposit to your new bank account.

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

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

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

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

***Please have my payroll direct deposit switched from my old account to my new account with Mercer County State Bank as soon as possible.***

**Type of New Account (Checking or Savings):** \_\_\_\_\_

**New Account Number:** \_\_\_\_\_

**MCSB Routing Number:** 043313259

**Customer Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**If you have questions about this request, please contact me at:** \_\_\_\_\_

**--- ATTACH VOIDED CHECK ---**



# Sign-Up Form for Direct Deposit of Federal Benefit Payments

FMS Form 1200 (July 2009) Previous versions obsolete

OMB No. 1510-0007

You may also sign up online today at [www.GoDirect.org](http://www.GoDirect.org)  
or call **Go Direct**® toll free at 1 (800) 333-1795

(for social security, railroad retirement board, civil (non-military)  
retirement payments or VA **only**).

## DIRECTIONS

Please read the information on page 2 before completing this form. **You must complete boxes A, B, C, D, E and F.**

Only complete this form to sign up for direct deposit if you are an individual, or a representative payee of an individual, who receives checks for the following types of federal benefits: **social security, supplemental security income, railroad retirement, civil (non-military) retirement, or VA (compensation or pension only)**. If you currently receive your payment by direct deposit you may not use this form. Please refer to page 2 for further instructions.

### A. FEDERAL BENEFIT RECIPIENT INFORMATION

(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE
ADDRESS (street, route, P.O. box, apartment number)	
CITY (or APO/FPO)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER ( ) -	
SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY) - -	

SAMPLE CHECK (bottom left corner) →

### B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check below) - - - - -
** ACCOUNT NUMBER (see sample check below; do not include check number) - - - - -	

\*\* You may also attach a voided personal check. If you are depositing into a savings account, you may need to contact your financial institution to obtain the routing and account numbers.

: 111999087 : 9876554321 : 0001		
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

### C. TYPE OF PAYMENT (check only one) You must complete a separate form for each type of federal payment.

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA (COMP/PENSION ONLY)	RAILROAD RETIREMENT (specify below) Annuity benefit <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	CIVIL (NON-MILITARY) RETIREMENT (specify below) Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>
For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).				

### D. IDENTIFICATION

CLAIM NUMBER - - - - -	OR	In order to process your request, <b>either</b> the claim number (found on documents from your paying agency) <b>or</b> the check number from your last payment (found in the upper right-hand corner of your Treasury check) <b>must be entered at left.</b>
CHECK NUMBER (YOUR MOST RECENT PAYMENT) - - - - -		

### E. PAYMENT VERIFICATION

You must <b>also</b> enter the amount of your last benefit payment.
AMOUNT OF YOUR MOST RECENT PAYMENT \$ - - - - - . - -

### F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be deposited into the account above.	
SIGNATURE	DATE

### FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE	DATE
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Be sure to complete all sections of this form.  
Otherwise, the form cannot be processed.  
Return the completed form to:

Go Direct Processing Center  
U.S. Department of the Treasury  
P.O. Box 650527  
Dallas, TX 75265-0527

This form is **only** to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

#### Contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by Go Direct

## PLEASE READ THIS CAREFULLY

### PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives direct deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by direct deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

### CANCELLATION

Your payment will be sent by direct deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the person receiving the payment.

Your financial institution may cancel your direct deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the direct deposit authorization was cancelled.

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#### Please contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*

#### Department of Veterans Affairs

(877) 838-2778  
(800) 827-1000  
(800) 829-4833 TDD

#### Railroad Retirement Board

(Automated System)  
(877) 772-5772  
(312) 751-4701 TTY

#### Social Security Administration

(800) 772-1213  
(800) 325-0778 TTY

#### Office of Personnel Management

(888) 767-6738  
(800) 878-5707 TDD

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## BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



# Automatic Payment Change

1. Fill out one Automatic Payment Change Form for each automatic payment you currently have scheduled.
2. Send the completed form to each company that you currently have an automatic payment scheduled with.
3. Attach a voided check from your new Mercer County State Bank account.

**To whom it may concern:**

I have recently changed banks and will need to redirect my automatic payments from my old account to my new bank account with Mercer County State Bank.

*Old Account Number:* \_\_\_\_\_

**My new MCSB Bank Account Information:**

*Type of Account (Checking or Savings):* \_\_\_\_\_

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

*MCSB Routing Number:* **043313259** \_\_\_\_\_

*Customer Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

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

**If you have questions about this request, please contact me at:** \_\_\_\_\_

--- ATTACH VOIDED CHECK ---



# Account Closing Request

Please send the completed form to the financial institution of your old account you are wishing to close out.

**To Whom It May Concern:**

**Please close the following bank account(s):**

Account Number: \_\_\_\_\_ Type of Account (Checking or Savings): \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account (Checking or Savings): \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account (Checking or Savings): \_\_\_\_\_

Name on the Account: \_\_\_\_\_

**All remaining balances should be sent to me at the following address:**

*Customer Name:* \_\_\_\_\_

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

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

**If you have questions about this request, please contact me at:** \_\_\_\_\_

*Customer Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

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