



Welcome

Thank you for opening a checking account at BankGloucester! We look forward to building a relationship with you!

To get your new account up and running we've included this checklist for you to use.

Set up your Online Banking Account

Go to our website, www.BankGloucester.com, and click the Sign Up link on the log-in panel.

Don't write any more checks from your old account

Once all of your outstanding checks have cleared, complete the “*Account Closing Notification Form*” included in this kit and send it to your old bank.

Bring us your unused checks and debit card and receive \$25 credit in your new account!

Do you use Online Bill Pay?

Set up for Online Bill Pay with your new BankGloucester account by using the information from your previous banks bill pay system. Then cancel all payments from your old account and schedule them with your new BankGloucester account. If you have any questions please contact Lisa Carlson, our online banking specialist, by calling 978-283-8200 ex. 244.

Do you use Auto Debit?

If you use auto debit on merchant websites update the account settings with your new BankGloucester account and routing number. If you are not able to do this online, use the “*Automatic Payment Form*” included with this kit.

Do you use Direct Deposit?

If you use direct deposit notify any direct deposit companies of your new account. Contact them online, by telephone or by using the “*Direct Deposit Change Form*” included with this kit. Typically they like to have a voided check to set this up.

Have Questions?

If you have any questions, our customer service representatives will be happy to help you. Please call 978-283-8200 and ask for customer service.



Automatic Payment Form

This form can be used to complete one of the following (please select one):

- Set up new automatic payment to a third party payee
- Cancel an existing automatic payment to a third party payee
- Change an existing automatic payment from one bank account to a new bank account

PAYMENT INFORMATION - Complete this section with the payment information you wish to establish, cancel or modify. You will need to complete a form for each payment you are changing.

Payee Name _____

Payee Address 1 _____

Payee Address 2 _____

City _____ State _____ Zip _____

Amount of Payment _____ Account Number _____

NEW BANK ACCOUNT INFORMATION - Complete this section if you are setting up a new automatic payment or are transferring a payment from one bank to another.

Primary Account Owner	Secondary Account Owner
Name(s) on Account _____	_____
Address 1 _____	_____
Address 2 _____	_____
City _____	State _____ Zip _____
Telephone Number _____	_____
ABA Routing and Transit Number _____	Account Number _____

FORMER BANK ACCOUNT INFORMATION - Complete this section if you are cancelling an automatic payment or are transferring an automatic payment from one bank to another.

Primary Account Owner	Secondary Account Owner
Name(s) on Account _____	_____
Address 1 _____	_____
Address 2 _____	_____
City _____	State _____ Zip _____
Telephone Number _____	_____
ABA Routing and Transit Number _____	Account Number _____

By signing below, I authorize BankGloucester to establish, cancel or modify my automatic payment as designated above.

Customer Signature _____ Date _____



Switch Kit



Direct Deposit Change Form

Employee Name _____ Employee # _____

I authorize (company name) _____ to automatically deposit my net pay or \$ _____ each pay period to my:

BankGloucester Checking Account # _____

BankGloucester Savings Account # _____

BankGloucester Transit Routing Number: 211370228

Employee Signature _____ Date _____

Member FDIC
Member DIF

160 Main Street, Gloucester, MA 01930 | 978-283-8200 | BankGloucester.com



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Account Closing Notification Form

Please complete the following form with the information for the account you wish to close. *You will need to complete a form for each account you wish to close.* Please be sure all checks have cleared prior to closing a checking account.

Dear _____
Name of Financial Institution

This letter is to request that you close my account(s) at your institution. My account appears as follows:

Primary Account Owner _____

Secondary Account Owner _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Account Number _____

Please remit funds from the above account as indicated below:

- Remit funds in the form of a check and mail directly to the address listed above
- Deposit funds to my new BankGloucester account. *(Please enclose a copy of this form when remitting directly to my new bank.)*

Primary Name on BankGloucester Account _____

Routing & Transit # _____

Account Number _____

By signing below, I authorize BankGloucester to close my account and remit the balance of the account of the account as designated above. Please cancel any ATM or Debit Cards associated with this account as well.

Primary Account Owner Signature _____ Date _____

Secondary Account Owner Signature _____ Date _____

Customer Service Representative Signature _____ Date _____