



AFFINITY BANK

O F P E N N S Y L V A N I A

Welcome to Affinity Bank, the home of **“Banking the Way It Should Be”!** As a locally owned and operated community bank, we are committed to delivering the exceptional customer service you would expect from a small bank, while providing all of the products and services of a big bank.

Once you decide to make the move, we’ll make your transition to Affinity Bank as easy as **1...2...3!**

1. We’ll help you choose an Affinity Bank checking or savings account that is just right for you.

- We’ll order your new checks.
- We’ll order your new ATM/Debit Card.
- We’ll set you up for our free online service, NetTeller, at www.AffinityBankPA.com, along with free BillPay services, and 24-hour telephone banking.
- Then, you can start using your new Affinity account, and stop actively using your former account.

2. We’ll help you switch your electronic deposits and payments.

- For **Payroll Direct Deposit**, we’ll help you complete the “Authorization for Direct Deposit to Affinity Bank” form in this kit. In some cases, your employer may require their own form to be used.
- For **Social Security Direct Deposit**, we’ll call, or you can call, the Social Security Administration at 1-800-772-1213 and make your request directly over the phone. You may also visit them online at www.socialsecurity.gov and search “direct deposit.”
- For **Veterans Administration Direct Deposit**, we’ll call, or you can call, the Department of Veteran Affairs at 1-877-838-2778 and make your request directly over the phone. You may also visit them online at www.va.gov and search “direct deposit.”
- For **recurring electronic deductions or payments**, be sure to provide your new Affinity Bank checking or savings account number to your payees. For each payee, simply use a copy of the “Authorization to Change Automatic Payments” form in this kit.

3. We’ll help you close your former account.

- Once you’re sure that all of the checks you’ve written and payments you’ve authorized have cleared your former account, it’s time to close that account.
- We’ll complete the “Authorization and Request to Close My Account” form in this kit and send it to your former bank.

As you can see, at Affinity Bank, we’re here to **“Simplify Your Life”**. We look forward to serving all of your financial needs, and becoming your financial institution of choice. If you have any questions, please feel free to call us at 610-898-7700.

Member FDIC



AFFINITY BANK OF PENNSYLVANIA

Authorization for Direct Deposit to Affinity Bank

To: _____
(Company Name/ Employer)

I authorize you to electronically deposit my net pay each payday to my Affinity Bank account listed below:

Select one of the following: _____ Checking _____ Savings _____ Money Market

Account Number: _____

Affinity Bank Routing/ ABA Number: 031318758

Please use the following information and signature as authorization, or to contact me with any questions.

Name (first, middle, last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Social Security Number: _____ Employee #(if applicable): _____

Signature: _____ Date: _____
(required)

Affix a voided Affinity Bank of Pennsylvania check here



AFFINITY BANK OF PENNSYLVANIA

Authorization to Change Automatic Payments

To whom it may concern:

This letter is to authorize the change of my automatic payment(s) from my old checking account to my new checking account at Affinity Bank. Please find the necessary information to fulfill this request below:

This is in reference to the account I hold with your company:

Company Name: _____

My account number (if applicable): _____

My Name: _____

My Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

I hereby authorize any future automatic payments to be taken from my new checking account at Affinity Bank.

Affinity Bank Routing/ ABA Number: 031318758

My New Affinity Bank Account Number: _____

Please discontinue making payments from my old account:

Previous Financial Institution: _____

Routing/ABA Number: _____

Account Number: _____

Please send written confirmation of this change, along with effective date, to the address listed above.

Signature: _____ Date: _____
(required)



AFFINITY BANK
OF PENNSYLVANIA

Authorization and Request to Close My Account

To Whom It May Concern:

I hereby request that you close the following account I/we maintain with you:

Bank Name: _____

Account Number: _____

Primary Name on Account: _____

Secondary Name on Account: _____

Please forward all remaining funds in the account to my attention by check at:

My Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

If you have any questions, please contact me at the above daytime phone number.

Sincerely,

Primary Account Holder Signature

Date

Secondary Account Holder Signature

Date



AFFINITY BANK OF PENNSYLVANIA

Checklist of Electronic Transactions

Check if Payment Applies	Type of Payment or Transfer <i>(Tip: To Identify payments and transfers, review a recent account statement from your former checking/savings account)</i>	Billers or Provider Name	Current Payment Method: <i>(Check/ Automatic Debit/ Check Card/ Former Bank's Bill Pay/ Biller's Website)</i>	Desired Payment Method with my new Affinity Bank checking/ savings account <i>(Check/ Automatic debit/ Check card/ Affinity Bank online Billpay/ Billers Website)</i>	Status of new Set-up
	Mortgage/ Rent				
	Auto Loan/ Lease				
	Insurance (auto, home, life, etc.)				
	Electric				
	Gas/ Oil				
	Water				
	Telephone				
	Cellular Phone				
	Cable/ Satellite TV				
	Internet Provider				
	Memberships (health, club, auto, other)				
	Transportation/ Parking				
	Credit Cards				
	Department Stores Cards				
	Loans (personal, student, other)				
	Savings/ Investments/ IRA/529				