



***Switching to a Tompkins VIST Bank checking account
has never been easier with our SWITCH KIT.***

1. Open your new Tompkins VIST Bank checking account.

You can open an account by visiting any of our convenient locations.

2. Stop using your old account.

Let all of your checks clear through your old checking account. Bring any unused checks to our branch and we will replace them with checks for your new account at no charge. Destroy any unused ATM and debit cards and deposit slips.

3. Move your Direct Deposits to Your New Account.

Once your checking account is opened, you will want to change any direct deposits to your new account. You will need to inform companies who make direct deposits on your behalf to use the new account number. (Your new account number is ten digits.)

You can use the Payroll Direct Deposit Authorization Form to notify these companies of the change. Print one form for each direct deposit, fill it out and send it to the company making the deposit.

For Social Security direct deposits, changes may be made by calling Social Security Administration at 1-800-772-1213.

4. Move your Automatic Withdrawals to Your New Account.

You will want to change any automatic payments that are being debited from your old account. You will need to notify the companies making those debits of the change in accounts.

You can use the Automatic Withdrawal/Deposit Switch Form to notify these companies of the change. Print one form for each company making an automatic withdrawal/deposit, fill it out and send to the company making the payment/deposit.

5. Close Your Old Account.

You can send a written notice to close your old checking account using the Account Closing Form. There may be charges associated, so you may want to ask how to avoid the charge.

If, after all your checks have cleared, you have a remaining balance, your old bank will send you a check for the remaining balance or you can have it sent directly to Tompkins VIST Bank. You can calculate your remaining balance by using the Account Balance Worksheet.

6. New Account Conversion Checklist.

Use our checklist to keep track of your switch process.

**Call your local Tomkins VIST Bank office
if you have any questions regarding your switch to Tompkins VIST Bank
or bring any paperwork to the branch, and we will help you fill it out.**

Thank you for choosing to bank with us.

New Account Conversion Checklist



- *Account Closing Form*
- *Payroll Direct Deposit Authorization Form*
- *Automatic Withdrawal / Deposit Switch Form*
- *Account Balance Worksheet*

You may check the boxes next to the items you have completed (if any) and then print out and keep this checklist handy. As you continue completing items, simply check off the boxes on your printed copy.

- Make sure all checks have cleared on your checking account.
- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.
- For social security direct deposits, changes may be made by calling Social Security Administration at 1-800-772-1213 or by completing standard form 1199A Direct Deposit Sign-Up form.
- Set up direct deposit with your employer. Use Payroll Direct Deposit Authorization Form.
- Send written notice to your vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account and to begin using your new Tompkins VIST Bank account to continue to generate automatic withdrawals.
(Use Automatic Withdrawal/Deposit Switch form)
- Send written notice to the financial institution that you are closing the account. (Use Existing Account Closing Form)

Call your Tompkins VIST Bank office

if you have any questions regarding your switch to Tompkins VIST Bank.

www.VISTBank.com

Print and retain this worksheet for your records.

Bala Cynwyd 610-668-1658 **Bern Township** 610-926-7632 **Birdsboro** 610-582-7036

Blandon 610-926-2111 **Blue Bell** 215-641-1111 **Breezy Corner** 610-944-9650

Centre Square 610-279-1991 **Conshohocken** 610-834-1999 **Exeter** 610-406-9200

Fox Chase 215-722-4566 **Hamburg** 610-562-3277 **Leesport** 610-926-2002

Northeast Reading 610-921-9267 **Oaks** 610-666-6848 **Sinking Springs** 610-670-5962

Member FDIC

Schuylkill Haven 570-385-6890 **Wayne/Strafford** 610-688-4999 **Wyomissing** 610-372-8877

Existing Account Closing Form



Complete this form and return it to your old bank.

To Whom It May Concern:
Please close my account described below.

Name(s) on Account

Account Number

Account Type

Check Only One:

No Disbursement of funds is necessary

The account balance is zero

I have deposited a check for the balance in my new bank.

Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to:

Names on account, and mail to:

Name

Address

City

State

Zip

Tompkins VIST Bank for the benefit of _____
Tompkins VIST Bank Checking Acct Holder's Name

To be deposited in Account Number: _____

Please prepare a cashier's check for the balance of my account, with the account number above and mail to:

Tompkins VIST Bank
P.O. Box 6219
Wyomissing, PA 19610

Thank you for your prompt attention to this matter.
Sincerely,

Customer Signature

Date

Joint Account Holder Signature

Date

One form should be used for each request. Please make additional copies as needed.

**Payroll
Direct Deposit
Authorization**



Complete this form for each company with which you have a payroll direct deposit.

Please Note: If you have social security or other governmental direct deposit, please use the Treasury Department, Standard Form 1199A that is included in this packet or pick up a copy at any Tompkins VIST Bank Office.

*For Social Security benefits, you can also contact them by phone to make direct deposit arrangements, 1-800-333-1795, or online at **godirect.gov**.*

Send the direct deposit authorization form to the company making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have social security or other governmental direct deposit see note in left column.*

Last Name First Name

Street Address

City State Zip

Work Phone

Home Phone

Social Security Number

Employer's Name Phone Number

Employee ID Number or Department

List Account Numbers Below:

Previous Account Number

Previous Bank Name

— — — — — — — — — — 031312194
NEW Account No. & Routing Transit

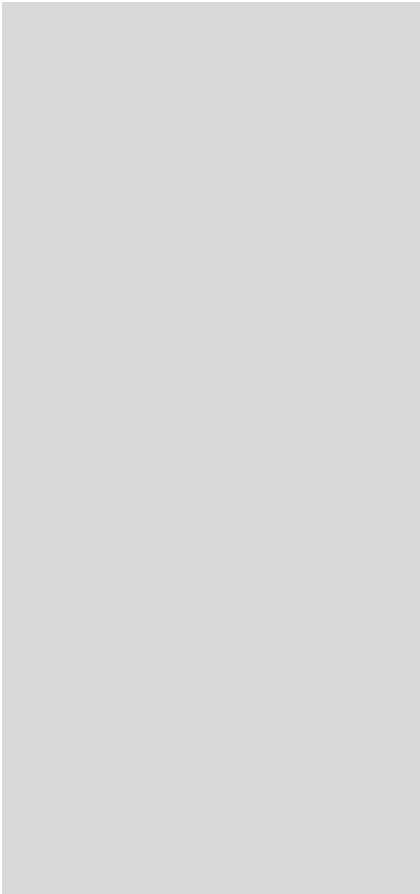
Checking Savings
Type of Account (check one)

- Check Only One:
- A New authorization for Direct Deposit. Not currently using Direct Deposit.
 - Please change my existing authorization. Transfer automatic payment from my previous bank to Tompkins VIST Bank.

Employee Signature Date

Employer Signature Date

Staple VOIDED check from your Tompkins VIST Bank account below:



**You should use a separate form for each company. Please make additional copies as needed.
You may want to keep your previous account for 2 months in order to ensure all Direct Deposit transfers are complete.*

Account Balance Worksheet

Complete this form to figure out what's available in your old checking account to deposit into your new Tompkins VIST Bank account.

Use this worksheet to balance your checkbook register with the checking account balance shown on your most recent bank statement. Be as accurate as possible when completing this form. This worksheet will help you know what's available in your old checking account to deposit into your new Tompkins VIST Bank account.

1. Enter your account balance shown on your checking statement. \$ _____
Last statement balance

2. Enter deposits that do not appear on your statement. + \$ _____
Total Deposits
 Include deposit earned and deposits made through ATMs and direct deposits.

<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Subtotal by adding steps 1 and 2 = \$ _____
Last balance = Deposits

4. Enter outstanding checks, transfers or withdrawals not appearing on your statement. - \$ _____
Total Outstanding Debts
 Include any debit card purchases, ATM withdrawals, automated payments and fees.

<i>Date / Ck#</i>	<i>Amount</i>	<i>Date / Ck#</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Subtract step 4 from step 3. = \$ _____
Checking Account Balance
This should match your checkbook register balance.

Retain this worksheet for your records.

DIRECT DEPOSIT

For Federal Benefit Payments

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1199A
(August 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

Or call **Go DirectSM** at 1 (800) 333-1795
to sign up today.*

DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

* If you elect to enroll by phone, the **Go Direct** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

***Department of Veterans Affairs**
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board
(Automated System)
(800) 808-0772
(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

A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT		
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF LEGAL REPRESENTATIVE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
TELEPHONE NUMBER () - -		
SOCIAL SECURITY OR CLAIM NUMBER (under which the current federal benefit payment is received)		
[] [] [] - [] [] [] [] [] [] [] []		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	MILITARY (specify below)
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>
RAILROAD RETIREMENT (specify below)	<input type="checkbox"/> FEDERAL SALARY
Annuity <input type="checkbox"/> Unemployment benefit <input type="checkbox"/> survivor benefit <input type="checkbox"/>	<input type="checkbox"/> VA COMPENSATION OR PENSION
CIVIL SERVICE (OPM) RETIREMENT (specify below)	<input type="checkbox"/> OTHER (specify) _____
Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>	(Military, Federal Salary, VA and "Other" not available through Go Direct)
<input type="checkbox"/> ALLOTMENT (if applicable)	(type) _____ (amount) _____

C. 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 on reverse side)
** ACCOUNT NUMBER (see sample check on reverse side)	

** You may also attach a voided personal check.

D. 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 C 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

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 payment recipient.

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.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
_____	DOLLARS	
MEMO _____		
<input type="text" value="123456789"/>	<input type="text" value="0123456789"/>	0001

Routing Number Account Number

(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

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.