
Oneida Savings Easy Switch Kit

To help you make the easy switch to Oneida Savings, follow the steps below:

1 GETTING STARTED

To get started, complete the Organizer Worksheet to help gather the information about your new and former checking account, your direct deposits, your automatic payments, and bills you pay online.

2 DIRECT DEPOSITS (Transfer or Establish)

With today's busy lifestyles, direct deposit can save you time and allow easy access to your money. Whether it is your paycheck or another income source such as retirement or social security, knowing that your funds have arrived safely and on time gives you peace of mind.

If you are transferring the direct deposit of your payroll from your former checking account or setting it up for the first time, complete the Payroll Direct Deposit Authorization Form. To establish or transfer direct deposit of other income sources, alternative forms may be required. *Please Note: The initial direct deposit may not occur immediately and allow sufficient time for the funds to be deposited to your new Oneida Savings Checking account.*

3 AUTOMATIC RECURRING BILL PAYMENTS (Transfer or Establish Auto Withdrawal of Payments)

Automatic Bill Payment is a simple and convenient alternative to writing checks. No more stamps, no need to write checks, and no trips to the post office. You can have your recurring bills, such as your auto insurance, cellular phone, and gym membership, automatically deducted from your Oneida Savings Checking Account.

Simply complete the Automatic Bill Payment Request and provide that information to the company you want to pay. Please allow sufficient time for your first automatic bill payment to be activated against your Checking Account.

4 FREE BILL PAYMENT SERVICE (You control the time of the online payment)

Another option for convenient bill payment without checks or postage stamps is our online free bill payment service. You can pay your bills from your personal PC at your convenience, 24 hours a day, 7 days a week. Log on to www.oneidabank.com, select "online banking", then select "Bill Payments", and begin by creating your list of Payees. It's that simple. If you wish you can use the Bill Payment Payee Information Form to organize your payee list.

5 CLOSE YOUR OLD ACCOUNT

Once you have confirmed that your direct deposit has been credited to your new checking account and/or automatic bill payments have been deducted from your new checking account you should:

- Make sure all outstanding checks have cleared.
- Close your old account. You can visit the branch and do this in person or can complete the Account Closing Request and mail it in.
- Bring all remaining checks, ATM and debit cards from your old account to any Oneida Savings Office. We'll pay you up to \$10 when you bring them in!

6 OTHER ACCOUNT RELATIONSHIPS

Since you have already taken the first step to transfer your banking relationship, you may want to consider transitioning other account relationships you may have. We can help you consolidate your accounts—from Investments to retirement to savings—to make managing your finances convenient and easy.

Visit any one of our eight offices today!

Bridgeport • Camden • Canastota • Cazenovia • Chittenango
• Oneida (2 locations on Main St) • Hamilton



Organizer Worksheet

Use this form to gather information you will need to make switching your checking account to Oneida Savings simple!

ONEIDA SAVINGS BANK INFORMATION

Name and Address: Oneida Savings, 182 Main Street, Oneida, NY 13421
Routing/ABA # 2213-7087-8
Checking Account # _____
Savings Account # _____
Money Market Account # _____

PREVIOUS BANK INFORMATION

Bank Name and Address: _____
Checking Account # _____
Savings Account # _____
Debit Card # _____

DIRECT DEPOSIT INFORMATION

Do you have, or wish to have, any deposits from your employer or others (such as Social Security, VA Compensation, Interest Income), directly deposited into your new Oneida Savings Checking Account?

Employer Name: _____
Company Name: _____
Company Name: _____

AUTOMATIC RECURRING BILL PAYMENT INFORMATION

Do you have any automatic bill payments that you need to set up or transfer to your Oneida Savings Checking Account?

Company Name & Address: _____
Account # _____ Payment Amount: _____

Company Name & Address: _____
Account # _____ Payment Amount: _____

Company Name & Address: _____
Account # _____ Payment Amount: _____



Payroll Deposit Authorization Form

Use this form to request the direct deposit of your pay to your Oneida Savings Checking Account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Oneida Savings, Oneida, NY, and I authorize and request Oneida Savings to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name: _____
Social Security # _____
Address: _____
City: _____ State: _____ Zip: _____
Oneida Savings Checking Account Number: _____
Oneida Savings ABA Transit Routing Number: 2213-7087-8

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Oneida Savings. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Oneida Savings shall be effective only with respect to entries credited to my account by Oneida Savings after receipt of such notification and a reasonable time to act on it.

Account Owner Signature: _____ Date _____



Automatic Recurring Bill Payment Request

Use this form to request the transfer of an automatic bill payment to your Oneida Savings Checking Account, or to establish a new automatic bill payment. Complete this form for each automatic bill payment, and attach a voided check from your new Oneida Savings Checking Account. Many companies also provide information on how to make a change or establish an automatic bill payment on their website or on their bill/statement. Please allow sufficient time for your first automatic bill payments to be activated against your new checking account.

To Whom It May Concern:

Date: _____

I am requesting that my payment be automatically deducted from my Oneida Savings Checking Account.

Company Name: _____

Account Number with this company: _____

Effective immediately, please use the following Oneida Savings Checking Account information for my automatic payments.

Oneida Savings Checking Account # _____

Oneida Savings Routing # _____

2213-7087-8

If there are any questions regarding this request, you may contact me at the number listed below.

Account Owner: _____

Account Owner (if applicable): _____

Address: _____

City: _____

State: _____

Zip: _____

Phone (Day): _____

Account Owner Signature: _____

Date _____



Account Closing Request

Use this form to request that the account(s) you currently have at your former bank be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check has cleared. You can also visit your former bank to close out your accounts.

To Whom It May Concern:

Date: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s)

If you have any questions regarding this request, please contact me at the phone number or address listed below.

Thank you.

Please close the following accounts:

Checking #	Account Owner(s) Name:
Savings #	Account Owner(s) Name:
Money Market #	Account Owner(s) Name:

Please contact me if you have any questions about this request.

Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone (Day): _____

Thank you for processing this request immediately.

Account Owner Signature: _____ Date _____

Account Owner Signature: _____ Date: _____



Bill Payment Payee Information Form

Use this form to organize the information for the merchants you wish to pay from your Oneida Savings Checking Account using our free Online Bill-Pay Service. Once you sign up at www.oneidabank.com and enter your payee information, you are then set to pay your bills online. Please have your current bill/statement handy to help in completing the information.

Merchant Name: _____
Merchant Address: _____
City: _____ State: _____ Zip: _____
Merchant Phone #: _____
Merchant Account Number: _____

Merchant Name: _____
Merchant Address: _____
City: _____ State: _____ Zip: _____
Merchant Phone #: _____
Merchant Account Number: _____

Merchant Name: _____
Merchant Address: _____
City: _____ State: _____ Zip: _____
Merchant Phone #: _____
Merchant Account Number: _____

Merchant Name: _____
Merchant Address: _____
City: _____ State: _____ Zip: _____
Merchant Phone #: _____
Merchant Account Number: _____