



## Transition To TNB!

### 1 - Open your new TNB Deposit Account!

- Contact the Bank to schedule a convenient time to meet with a customer service representative. Please call (570-649-5118) or email ([customerservice@ttnb.com](mailto:customerservice@ttnb.com))
- Complete the New Account Checklist (Included in this packet)
- Begin using your new account using the starter checks provided. Use the routing number and account number on the bottom of the starter checks for the steps below.

### 2 - Direct Deposit

- Complete the Direct Deposit Request form and provide it to your employer.
- To change your social security benefits, please call 1-800-772-1213 or visit <https://www.ssa.gov/manage-benefits/update-direct-deposit>

### 3 – Automatic Payments

- Develop and track a list of automatic payments you have set up for your account using the Transition Tracking form.
- Contact companies directly or online to switch automatic payments.
  - Provide companies the Automatic Payment Change Request form

### 4 – Close your Old Account

- After a period of time, reconcile your old account to make sure all checks and transactions have cleared.
- Provide your previous bank the Account Closing Request form.

### 5 – Enjoy!

- Enjoy the benefits of being part of a community financial institution that cares! We value your patronage. If at any time you have suggestions for ways we can improve your experience, do not hesitate to contact us during regular business hours at 570-649-5118 or [www.ttnb.com](http://www.ttnb.com).



# New Account Checklist

Thank you for considering opening an account at the Turbotville National Bank. To assist in the account opening process, please review the items to bring with you and complete this form.

## Customer Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

Do you have TNB accounts currently?

YES

NO

## Customer Information (for Joint Account):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

Do you have TNB accounts currently?

YES

NO

## Items to Bring:

Social Security Number

\$10 Minimum Deposit

Acceptable forms of Identification:

Driver's License

Passport

Military ID

Birth Certificate/Social Security Card



# Direct Deposit Request

## Company Information:

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Company Name

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Company Address

---

City

State

---

Zip Code

Please update my records and have my payroll check automatically deposited into the following account:

**Financial Institution**

**Turbotville National Bank**

**Routing Number**

**031313753**

**Account Number**

**Type of Account**

**Checking** or  **Savings**

\*If checking, please include a voided check

I authorize \_\_\_\_\_ and the Turbotville National Bank  
(Name of Employer)

to automatically deposit my payroll check to the account listed above. (This includes authorization to correct any entries made in error). This authorization will remain in effect until written notice is given to cancel.

## Employee Information:

---

Signature

Date

---

Employee Printed Name

---

Address

City, State

Zip Code



# Automatic Payment Change Request

## Company Information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip Code

Please update my records and withdraw my automatic payment for the above account number to my new bank account below:

<b>Financial Institution</b>	<u>Turbotville National Bank</u>
<b>Routing Number</b>	<u>031313753</u>
<b>Account Number</b>	_____
<b>Type of Account</b>	<input type="radio"/> <b>Checking</b> or <input type="radio"/> <b>Savings</b>

\*If checking, please include a voided check

If you have any questions, please contact me at \_\_\_\_\_.  
(Phone Number)

## Customer Information:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Customer Name (Printed)

\_\_\_\_\_  
Address City, State Zip Code

# Account Closing Request

Please accept this document as a formal request to close my deposit accounts at your financial institution.

## Financial Institution:

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Financial Institution Name

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Financial Institution Address

---

City

State

---

Zip Code

## Accounts to Close

Account Number:	Account Type		
	Checking	Savings	Money Market
	Checking	Savings	Money Market
	Checking	Savings	Money Market
	Checking	Savings	Money Market

Accounts to be closed effective: \_\_\_\_\_

If you have any questions, please contact me at \_\_\_\_\_.  
(Phone Number)

## Please mail the remaining balances to:

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Address

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City

State

---

Zip Code

Thank you for your assistance.

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Account Owner (Signature)

---

Account Joint Owner (Signature)

---

Account Owner (Print Name)

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Account Joint Owner (Print Name)



# Transition Tracking

Please use this form to help transfer direct deposits and automatic payments to your new account.

Automatic Payments					
Payment	Company	Account Number	Amount	Day of Month	✓
Mortgage/Rent					
Auto Loan					
Auto Loan					
Charity/Donations					
Child Care					
Credit Card					
Electric					
Gym Membership					
Heat					
Insurance					
Internet/TV					
Investments					
Phone					
Sewer					
Streaming Service					
Trash					
Water					
Other					

Direct Deposit					
Payment	Company	Account Number	Amount	Day of Month	✓
Employee Payroll					
Employee Payroll					
Social Security					
Pension/Retirement					
Investment Income					