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SWITCH KIT



BANK OF AKRON

Est. 1900

We Want To Be *Your* Bank

Member
FDIC

Welcome to Bank of Akron.

Banking. It's something most take for granted. Written off as a commodity...they're all alike...just a different name on the door. You might think differently once you switch to Bank of Akron.

Since 1900, local ownership, management and decision-making have been the cornerstones of Bank of Akron. It was believed then, as it is now, that a local bank should serve the needs of people and businesses in its community. That historically has been the Bank of Akron way - and always will be.



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Bank of Akron has made moving your accounts fast and convenient with this easy-to-use **SWITCH KIT**. This kit includes everything you need to switch your banking relationship to **Bank of Akron**. Simply follow these steps - or feel free to call us at (716) 542-5401 if you have any questions.

- 1 Open a Bank of Akron Checking Account:** Bank of Akron has a variety of checking accounts to choose from - one is sure to meet your needs.
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- 2 Stop Using Your Former Checking Account:** Make certain enough funds are available in this account to cover all outstanding checks and automatic payments. Be sure to destroy old checks, debit cards, ATM cards that may be associated with this account.
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- 3 Change Your Direct Deposits:** Complete and send Form 1: Direct Deposit Authorization to all direct deposit companies (payroll, CD interest payments, etc.) to transfer direct deposits to your new Bank of Akron checking account. If you receive Social Security payments, you may contact Social Security at 1-800-772-1213 to make the transfer.
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- 4 Change Your Automatic Payments:** Complete Form 2: Automatic Payment transfer Authorization to all companies who generate automatic payments (mortgage, insurance, etc.) to transfer any automatic payments to your new Bank of Akron checking account.
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- 5 Close Your Former Checking Account:** Again, be sure all outstanding checks and automatic payments have cleared your former account. Complete Form 3: Account Closing Request and send to your bank or you can contact them directly.



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FORM 1: Direct Deposit Authorization



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FORM 1: Direct Deposit Authorization

Company Name

Address

City

State

Zip Code

Deposit Instructions:

Bank of Akron

P.O. Box 420

Akron, NY 14001

Transit/ABA#: 022305770

716-542-5401

Checking Account #

Full Amount

Specific Amount

Savings Account #

Full Amount

Specific Amount

Other Account #

Full Amount

Specific Amount

I authorize:

- Above listed company to initiate deposits to the above named account(s).
- Bank of Akron to credit entries to the above names account(s).
- This authorization replaces previous authorization and is to remain in effect until I send written notice of change or cancellation.

Signature

Date

Printed Name

Social Security #

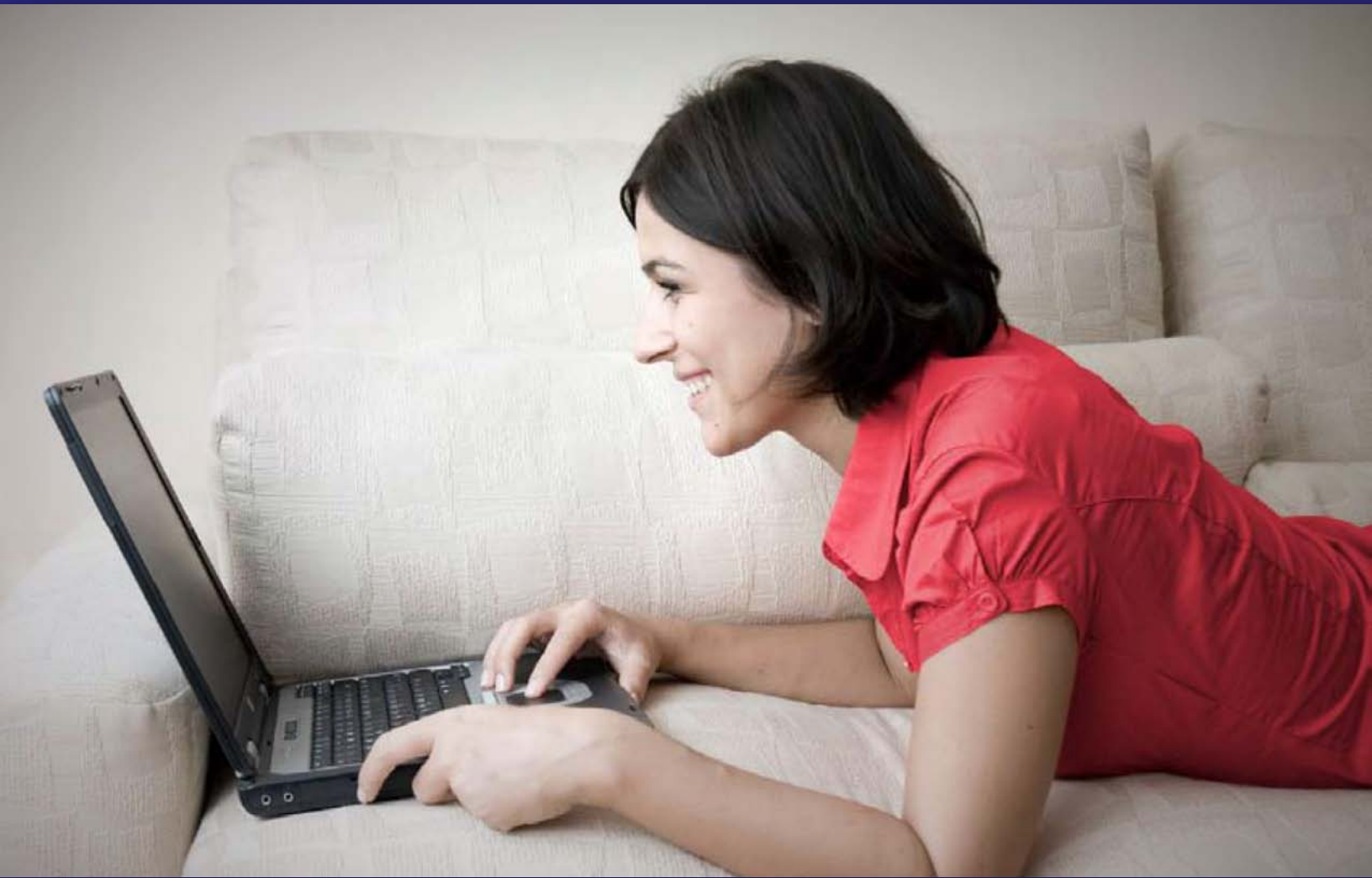
Address

Telephone #

City

State

Zip Code



FORM 2: Automatic Payment Authorization



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FORM 2: Automatic Payment Authorization

Company Name

Address

City

State

Zip Code

ATTENTION: Accounts Receivable/Accounting

Please establish automatic payment to the above referenced account from the following account:

Bank of Akron

P.O. Box 420

Akron, NY 14001

Transit/ABA#: 022305770

716-542-5401

Bank of Akron Account #

I authorize:

- Above listed company to initiate the withdrawal of funds from my Bank of Akron account.
- Bank of Akron to debit entries to my account.
- This authorization replaces previous authorization and is to remain in effect until I send written notice of change or cancellation.

Signature

Date

Printed Name

Social Security #

Address

Telephone #

City

State

Zip Code

ATTACH A VOIDED CHECK AND/OR DEPOSIT SLIP FROM YOUR NEW ACCOUNT.



FORM 3: Account Closing Request



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FORM 3: Account Closing Request

Current Financial Institution

Address

City

State

Zip Code

Please close the following account(s):

Checking Account #

Effective Date

Savings Account #

Effective Date

Other Account #

Effective Date

Please forward any funds remaining in these account(s) to:

Bank of Akron

P.O. Box 420
Akron, NY 14001
Transit/ABA#: 022305770
716-542-5401

Bank of Akron Account #

Thank you for your assistance with this matter. Should you have any questions or require additional information, please feel free to contact me.

Primary Account Holder Signature

Date

Printed Name

Social Security #

Address

City, State, Zip Code

Telephone #

Secondary Account Holder Signature

Date

Printed Name

Social Security #

Address

City, State, Zip Code

Telephone #

Automatic Transaction Inventory

Direct Deposits

(List names of specific income sources under each category)

	Amount	Date
Employer(s) Payroll: _____	_____	_____
_____	_____	_____
Pension(s)/Retirement Plans: _____	_____	_____
_____	_____	_____
Social Security: _____	_____	_____
Investment Income: _____	_____	_____

Automatic Payments

(List names of specific income sources under each category)

	Amount	Date
Mortgage: _____	_____	_____
_____	_____	_____
Auto Loan(s): _____	_____	_____
_____	_____	_____
Insurance: _____	_____	_____
_____	_____	_____
Credit Cards: _____	_____	_____
_____	_____	_____
_____	_____	_____
Gas/Oil: _____	_____	_____
_____	_____	_____
Electric: _____	_____	_____
Cable/Satellite TV: _____	_____	_____
Telephone: _____	_____	_____
Cellular Phone: _____	_____	_____
Internet Provider: _____	_____	_____
Health Club: _____	_____	_____
Investments: _____	_____	_____
_____	_____	_____
IRA/Retirement: _____	_____	_____
_____	_____	_____
Charities: _____	_____	_____
_____	_____	_____
Other: _____	_____	_____



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AKRON

46 Main Street
Akron, NY 14001
Phone: (716) 542-5401
Fax: (716) 542-5510

HOURS OF OPERATION:

Monday-Wednesday:
8:30am to 4:30pm
Thursday: 8:30am to 5:00 pm
Friday: 8:30am to 6:00 pm
24 Hour ATM

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AKRON – Teller and Drive Up

77 Buell Street
Akron, NY 14001
Phone: (716) 542-1617
Fax: (716) 542-1617

HOURS OF OPERATION:

Monday-Wednesday:
8:30am to 4:30pm
Thursday: 8:30am to 5:00 pm
Friday: 8:30am to 6:00 pm
Saturday: 8:30am to 12:00pm
24 Hour ATM

CLARENCE

9865 Main Street
Clarence, NY 14031
Phone: (716) 759-9580
Fax: (716) 759-7297

HOURS OF OPERATION:

Monday-Wednesday:
8:30am to 4:30pm
Thursday: 8:30am to 5:00 pm
Friday: 8:30am to 6:00 pm
Saturday: 8:30am to 12:00pm *
24 hour ATM

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CLARENCE CENTER

9470 Clarence Center Road
Clarence Center, NY 14032
Phone: (716) 741-8466
Fax: (716) 741-2298

HOURS OF OPERATION:

Monday-Wednesday:
8:30am to 4:30pm
Thursday: 8:30am to 5:00 pm
Friday: 8:30am to 6:00 pm
Saturday: 8:30am to 12:00pm *
24 hour ATM

LANCASTER

3619 Walden Avenue
Lancaster, NY 14086
Phone: (716) 706-1030
Fax: (716) 706-1044

HOURS OF OPERATION:

Monday-Wednesday:
8:30am to 4:30pm
Thursday: 8:30am to 5:00 pm
Friday: 8:30am to 6:00 pm
Saturday: 8:30am to 12:00pm *
24 Hour ATM

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** Drive Up Only*