

Switch*kit*

helping you make the transition to Mid Penn Bank



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Direct Deposits and Automatic Payments Checklist

Use this form to gather all of your deposit information in one place for easy reference.

DIRECT DEPOSITS

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension(s)/Retirement Plan				
Social Security				
Investment Income				
Account Transfer				
Other				

AUTOMATIC PAYMENTS

Payment	Company	Account Number	Amount	Date of Payment
Account Transfer				
Auto Loans				
Cable/TV				
Cell Phone				
Charities				
Child Support/Court Payment				
Credit Card				
Child Care				
Electric				
Gas/Oil				
Insurance				
Internet Service Provider				
Investment				
IRA/Retirement				
Mortgage/Rent				
Telephone				
Trash Removal				
Tuition/School Expense				
Water				
Other				
Other				





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Helpful Contacts

Social Security Administration	1-800-772-1213	ssa.gov
Veteran's Compensation	1-877-838-2778	va.gov
PA Department Of Revenue	1-888-PATAXES	revenue.pa.gov
Internal Revenue Service.	1-800-829-1040	irs.gov
Office of Personnel Management	1-888-767-6738	opm.gov
FDIC.	1-877-275-3342	fdic.gov
Mid Penn Bank	1-866-642-7736	midpennbank.com





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**Automatic Payment or Withdrawal
Authorization Change Form**

Complete a copy of this form to redirect each of your automatic payments and direct deposits. If you currently have multiple payments, complete one of these forms for each.

TO:

Company Name (company receiving automatic payment)

Street Address

City, State Zip

CUSTOMER INFORMATION:

Name

Street Address

City, State Zip

Social Security Number

E-mail Address

Home Phone Number

Work Phone Number

Account Number

Please redirect my automatic payment effective:

Immediately Beginning on: _____

Some automatic payments or debits require advance notice of changes. Please include those notice periods when determining the new effective dates.

Discontinue automatic payment from the following account:

Financial Institution: _____

Account Number: _____

Checking Savings

Begin automatic payment from this account:

Financial Institution: Mid Penn Bank

Routing Number: 031308807

Account Number: _____

Checking Savings

Signature

Date

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Existing Account Closing Form

Complete and mail this form to request that your former bank close your existing accounts. Verify all pending transactions have cleared before closing your old accounts. If there are multiple banks involved, please complete one of these forms for each bank.

FORMER BANK ACCOUNT INFORMATION:

Bank Name

Street Address

City, State Zip

CUSTOMER INFORMATION:

Primary Account Holder

Secondary Account Holder

Name

Name

Street Address

Street Address

City, State Zip

City, State Zip

Please accept this as my/our direction and authorization to close my/our account(s) as follows, effective _____ Date

Checking Account Number

Other Account Number

Savings Account Number

Other Account Number

Money Market Number

Other Account Number

Please make check payable to customer name(s) listed above and send the check for the balance of my/our account(s) to the customer address listed above. Thank you for your cooperation.

Printed Name of Account Owner

Printed Name of Account Co-owner

Signature of Account Owner

Signature of Account Co-owner

Inform accountant for next tax preparation

Direct Deposit Authorization Change Form

Use this form to redirect your direct deposits (payroll, dividends, etc.) to Mid Penn Bank. If you currently have multiple payments, complete one of these forms for each. Be sure to contact your employer(s) first concerning changes to direct deposit. Verify your Human Resources department does not require use of their own forms.

EMPLOYER/COMPANY INFORMATION:

(company providing direct deposit)

Employer/Company Name

Street Address

City, State Zip

CUSTOMER INFORMATION:

Primary Account Holder

Name

Street Address

City, State Zip

Social Security Number

Phone Number

E-mail Address

Account Number

Secondary Account Holder

Name

Street Address

City, State Zip

Social Security Number

Phone Number

E-mail Address

Please redirect my direct deposit effective:

Immediately Beginning on: _____

Some automatic payments or debits require advance notice of changes. Please include those notice periods when determining the new effective dates.

Discontinue direct deposit from the following account:

Financial Institution: _____

Account Number: _____

Checking Savings

Begin direct deposit to this account:

Financial Institution: Mid Penn Bank

Routing Number: 031308807

Account Number: _____

Checking Savings

Signature

Date

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