



Mariner's Bank Switch Kit

Switching to Mariner's Bank is easy with the Mariner's Bank Switch Kit! Just follow these simple instructions, complete and sign all forms and mail them to the companies you do business with. Feel free to stop into one of our branches with your completed paperwork for assistance with this transition. For your convenience, we have included an Automatic Payment/Direct Deposit Checklist to assist you in completing the switch.

Complete your switch in five easy steps!

STEP 1: Open your new Mariner's Bank checking account at any of our convenient locations and stop using your former checking account. Be sure to leave sufficient funds to cover any outstanding checks or automatic payments until the switch is complete.

STEP 2: Complete the enclosed **"Direct Deposit Authorization Form"** to change any of your automatic payments to your new Mariner's Bank checking account.

STEP 3: Complete the enclosed **"Automatic Payment Authorization Form"** to change any of your direct deposits to your new Mariner's Bank checking account.

STEP 4: Sign-up for Mariner's Bank Online Banking to view your account online. You can also authorize automatic payments from your account using our Online Bill Payment service. Visit our website at www.marinersbank.com and click on "Enroll Today".

STEP 5: Verify all automatic payments and direct deposits have converted correctly to your Mariner's Bank checking account and close your former account. This can be easily accomplished with our **"Authorization to Close Account Form"**.

It's really that simple! With our Mariner's Bank Switch Kit the process will be easy and you'll be glad you made the switch!

Automatic Payment Checklist

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loan				
Insurance				
Credit Card				
Gas/Oil				
Electric				
Cable				
Telephone				
Cell Phone				
Water				
Garbage				
Internet Provider				
Health Club				
Investments				
IRA/Retirement				
Charities				

Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Deposit
Payroll				
Pension				
Social Security				
Investments				
Other				

Helpful Phone Numbers and Websites

Social Security Administration	www.ssa.gov	(800) 772-1213
Railroad Retirement Board	www.rrb.gov	(888) 767-6738
Department of Veteran’s Affairs	www.va.gov	(877) 838-2778 or (800) 827-1000
Office of Personnel Management	www.opm.gov	(888) 767-6738
Mariner’s Bank	www.marinersbank.com	(201) 224-9110



Automatic Payment Authorization Form

Complete this form to notify merchants to redirect payments from your former checking account to your new checking account at Mariner's Bank. Please remember to include a voided check from your new Mariner's Bank account with this form.

Date: _____

Company Name: _____

Address: _____

Please accept this letter as authorization to change all future automatic payments for the following:

Account Holder Name (s): _____

Address: _____

Primary Account Holder SSN: _____ Employee ID (if applicable) _____

Account Number: _____

As of _____ (date), please begin making the automatic payments from the account provided below at:

Mariner's Bank
935 River Road
Edgewater, N.J. 07020
201-224-9110
Bank Routing Number: 021213559

New Account Number: _____ Acct Type: Checking

Account Holder Signature Date Phone

Account Holder Signature Date Phone



Authorization to Close Account Form

Complete and mail this form to your previous financial institution after opening your Mariner's Bank account and confirming that all checks have been paid from your former account and all automatic payments/direct deposits have been transferred to your new checking account at Mariner's Bank.

To: _____

Date: _____

Please accept this letter as authorization to close the account listed below and transfer the balance, plus any accrued interest, to Mariner's Bank for deposit to account number: _____

Effective immediately please close and transfer the balance in the following account:

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

Primary Account Owner Name

Joint Owner Name (if applicable)

Proceeds from the above referenced account are to be mailed to the address provided below.

Mariner's Bank

Branch Address

City

State

Zip

Branch Phone Number

Branch Representative

I hereby authorize the closing of this account and transfer of funds to Mariner's Bank. All my checks have cleared and automatic payments have been stopped. If joint account, I hereby certify that the co-owner is living.

Account Holder Signature

Telephone Number

Account Holder Signature (if applicable)

Telephone Number

Your prompt attention to this request is appreciated.