

SwitchKit

At NewportFed, we realize that moving your account can be complicated and even burdensome. We have created this kit to stay with you every step of the way until you are completely settled in and comfortable. We will make switching banks easy for you. This SwitchKit includes all the necessary forms you will need to get started. You can take the kit with you to complete at home at your convenience and return them when you come in to open your account. Or, if you prefer, we will be happy to assist you in completing each of the forms when we open your account.

Here are some things you will need to know:

- Our name: **NewportFed**
- Our main office address: **100 Bellevue Avenue, Newport, RI 02840**
- Our routing number: **011501598**
- Our telephone number: **401-847-5500**

If you have Direct Deposit of your Social Security payment:

- Call the Social Security office at 1-800-772-1213 and they will take your information over the telephone, OR
- We can place the call for you from our office when you open your account. (They will ask to speak directly to you to verify your identity).

Please note: It can take up to three weeks for the change to take effect, so you should make your request just after you receive your payment.

If you have Direct Deposit of your paycheck:

- Complete the Direct Deposit form in our SwitchKit and send it to your employer's Human Resource Department.
- They may ask you to complete one of their official forms, but at least you will have all the necessary information.
- They may require you to supply information about your current direct deposit as well.

If you have Direct Deposit of any other kind of payment:

- Complete the form in this SwitchKit and send it to the place from which you receive your current payment.
- They may ask you to complete one of their official forms, but at least you will have all the necessary information.
- They may require you to supply information about your current direct deposit as well.

Present Banking Relationship _____
Bank Name

Bank Address

City, State, Zip Code

SwitchKit

Request to Close Accounts

To: _____
Name of Financial Institution

Address

City, State, Zip Code

From: _____
Name of Account Holder

Re: Account Closing and Transfer of Funds

Account Number	Type of Account	Account Title

Account Number	Type of Account	Account Title

Account Number	Type of Account	Account Title

Effective immediately, please close the above account(s). The balance in my account(s) should be wire transferred or mailed in the form of a bank check to:

NewportFed

Address of Branch Office

City, State, Zip Code

011501598

Bank Routing Number

Attention to Name of Bank Employee

Thank you for your prompt assistance with this request.

Customer Signature Daytime Phone Number

Customer Signature Daytime Phone Number

SwitchKit

Direct Deposit

To: _____
Name of Company

_____ Address City, State, Zip Code

From: _____
Customer(s) Name(s)

Date: _____

Re: Transfer of Direct Deposit

Effective immediately, please transfer my direct deposit to my account at:

NewportFed

_____ Address of Branch Office

_____ City, State, Zip Code

011501598
_____ Bank Routing Number

_____ Account Number

_____ Attention to Name of Bank Employee

Thank you for your prompt assistance with this request.

_____ Signature

_____ Print Name

_____ Address

_____ City, State, Zip Code

_____ Daytime Phone Number

_____ Signature

_____ Print Name

_____ Address

_____ City, State, Zip Code

_____ Daytime Phone Number

SwitchKit

Automatic Payment(Debit)

To: _____
Name of Company

_____ Address City, State, Zip Code

From: _____
Customer(s) Name(s)

Date: _____

Re: Transfer of Direct Deposit

Effective immediately, please transfer my automatic payment (debit) to my account at:

NewportFed

_____ Address of Branch Office

_____ City, State, Zip Code

011501598
_____ Bank Routing Number

_____ Account Number

_____ Attention to Name of Bank Employee

Thank you for your prompt assistance with this request.

_____ Signature

_____ Print Name

_____ Address

_____ City, State, Zip Code

_____ Daytime Phone Number

_____ Signature

_____ Print Name

_____ Address

_____ City, State, Zip Code

_____ Daytime Phone Number

SwitchKit

Direct Deposit and Automatic Payment Information

I/We have the following direct deposits to the accounts at my/our present bank.

Company Sending Deposit	Account Number	Company Contact/Phone	Date of Credit	Amount

I/We have the following automatic withdrawals from the accounts at my/our present bank.

Company Being Paid	Account Number	Company Contact/Phone	Date of Payment	Amount

I (We) authorize NewportFed to request transfers of my direct deposit and/or automatic payments.

Customer Signature	Date
Customer Signature	Date