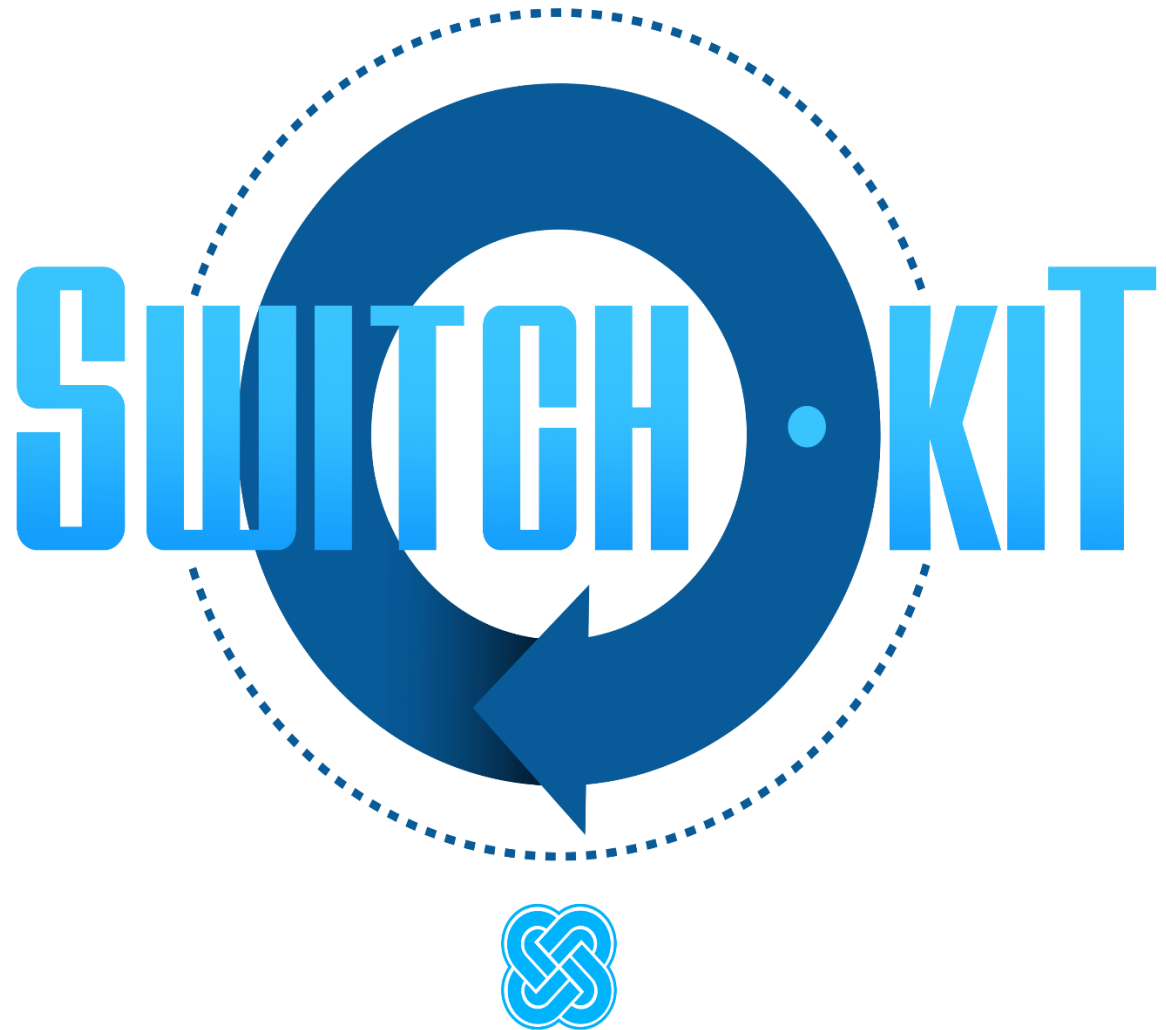


Wayne Bank
Member FDIC



www.waynebank.com

800-598-5002





Welcome to Wayne Bank! We have developed this simple, 5-step switch kit that has all the information you will need to make the switch from your current bank to Wayne Bank.

☐ **1. Open your new Wayne Bank account online or at your local community office.**

☐ **2. Stop actively using the account you want to close.**

As soon as possible, stop writing checks, initiating payments and using your debit card to allow transactions to clear and a final balance to be determined. Within this guide is a Reconciliation Worksheet and a Switch Bank Organizer to assist you.

☐ **3. Notify your employer, Social Security, or any other companies that deposits funds into your account, that you are switching your account to Wayne Bank. To set up direct deposit you will need:**

♦ Your new Wayne Bank account number, routing number and a voided check (if using our form)

♦ The Direct Deposit Authorization Form (if applicable)

♦ Your direct depositor's and financial institution's address and phone number

Call the company that is processing your direct deposit or complete the Direct Deposit Authorization Form found within this guide. Send the completed form to the company that processes your direct deposit.

☐ **4. Transfer your automatic payments such as loan payments, utility bills, etc. from your old bank account to your new Wayne Bank account. Funds will need to be deposited to your new account to cover the payments that are switched. You may need the following:**

♦ A copy of your latest billing statement with your billing information

♦ Your new Wayne Bank account number, routing number and a voided check (if using our form)

♦ Former bank account information for cancelled payments

Call the company that debits your account electronically or complete the Automatic Payment Authorization Form found within this guide. Send the completed form to the company that processes your payment.

☐ **5. Close your old bank account. Once your deposits have been switched and your last outstanding item has cleared, you can close your old bank account. To close your account you will need:**

♦ A check from your old account or

♦ Your old bank's address, phone number, account number and routing number

To close your old account write a check for the remaining balance in the account and deposit the funds to your new account or complete the Close Account Form and send it to the bank. The bank will send you a check for the balance.

The fastest and most secure way to switch your direct deposit or electronic payment is to contact the company that processes your electronic transaction. Mailing your account information is not a secure method of communication and we cannot guarantee the processor will accept our forms to update your bank information. A Wayne Bank Customer Service Representative can assist you during this entire process and help you contact the impacted companies to switch your bank account information.

waynebank.com

800-598-5002





Wayne Bank

Member FDIC


Switch Bank Organizer

This form is provided to assist you in tracking all of the information you need to switch to Wayne Bank

Your Wayne Bank Account Number: _____ Wayne Bank's Routing Number: 031308548

	Company Name	Date Notified	Status
Direct Deposits			

Automatic Payments			

	Item Payable To	Item Amount	Date Cleared
Close Old Account (track outstanding items until all items have cleared) 			

Until all outstanding items have cleared your old account you will need to manage the funds in both accounts. Our online banking service can assist with this. Sign up for bill pay and use our account to account transfer service. Contact a friendly and knowledgeable Wayne Bank rep for assistance.



Step 3: Switch your direct deposits

Direct Deposit Authorization Form

Check with your depositor or employer to verify no other information or specific form is necessary to complete the change for your direct deposit to your new bank account. If this form is acceptable complete the information below and provide the form to the depositor. There is a specific form for government benefits in the switch kit titled Government Direct Deposit Form. The fastest and most secure way to switch your direct deposit is to call the depositor to update your bank information.

Company Name	Company Address
--------------	-----------------

City	State	Zip Code
------	-------	----------

Account Number or Employee Number	Payment Type
-----------------------------------	--------------

Please change the account used for direct deposit to my new bank account:

First Name	Middle Name	Last Name
------------	-------------	-----------

Contact Number	Address
----------------	---------

City	State	Zip Code
------	-------	----------

Employee ID (if applicable) or Social Security Number (only if required)
--

My new account information

Account Type: ☐ Checking ☐ Savings Set Amount* (if applicable): _____

Account Number: _____ Bank Routing Number: 031308548

Bank Name: Wayne Bank Address: 717 Main St. Honesdale, PA 18431 Phone: 800-598-5002

I hereby authorize _____ (company name) to deposit funds directly to my Wayne Bank account indicated above and to make any necessary adjustments for any credit made to my account in error. This authorization shall remain in effect until I have given verbal or written notice to terminate this service.

Signature: _____ Date: _____

For checking account authorization attach a voided check from your new account to this form.

If you would like a set amount to be deposited to one account enter the set amount where indicated. Then complete a second form to deposit the remainder of the funds to the applicable account. For example if you want \$40.00 to be deposited to a savings account and the remainder of your direct deposit sent to a checking account; enter your savings information and \$40.00 in the set amount field. Complete a second form to credit the remainder of your direct deposit to a checking account.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
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C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
Prefix	Suffix	TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE											

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

DIRECT DEPOSIT SIGN-UP FORM

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BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury 15-51
000
AUSTIN, TEXAS

Month Day Year
08 31 84

Check No.
0000 415785

Pay to the order of

28 28

DOLLARS CTS
\$****100 00

NOT NEGOTIABLE

⑈00000518⑈ 041571926⑈

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



Step 4: Switch your automatic payments

Automatic Payment Authorization Form

Check with the merchant (payee) to verify no other information or specific form is necessary to complete the change for your automatic payment to your new bank account or debit card. If this form is acceptable complete the information below and provide the form to your payee. The fastest and most secure way to switch your payment is to call the company and update your bank information.

Company Name	Company Address	
--------------	-----------------	--

City	State	Zip Code
------	-------	----------

Account Number	Payment Type
----------------	--------------

Please change the account used for automatic payment to my new bank account:

First Name	Middle Name	Last Name
------------	-------------	-----------

Contact Number	Address
----------------	---------

City	State	Zip Code
------	-------	----------

My new account information

Account Type: ☐ Checking ☐ Savings (check applicable box)

Savings, Money Market, and Investor accounts are all restricted to 6 preauthorized withdrawals during the statement cycle.

Account Number: _____ Bank Routing Number: 031308548

Bank Name: Wayne Bank Address: 717 Main St. Honesdale, PA 18431 Phone: 800-598-5002

Or Card Type: Visa Debit Card

Card Number: _____ Expiration Date: _____ (month/year)

I hereby authorize _____ (name of merchant/payee) to initiate payment from my Wayne Bank account indicated above and to make any necessary adjustments for any debit made to my account in error. This authorization shall remain in effect until I have given verbal or written notice to terminate this service.

Signature: _____ Date: _____

For checking account authorization attach a voided check from your new account to this form.



Wayne Bank

Member FDIC

Close Account Request

Inquire with the bank (you are leaving) to verify no other information or specific form is necessary to close your account(s). The bank may require signatures to be notarized when not signed in person. Wayne Bank offers notary service if this is required. If this form is acceptable complete the information below and provide the form to your bank.

Bank Name		Bank Address
City	State	Zip Code

Please close the account(s) listed below. Forward any remaining balance to my address listed below.

Checking Account Number	Title on Account
Savings Account Number	Title on Account
Money Market Account Number	Title on Account
Debit/ATM Card Number	Title on Account
Other Account Number	Title on Account

Forward closing balance(s) to:

Name	Street Address		
City	State	Zip Code	Contact Number

Thank you for your prompt attention to this request. Please contact me at the above number if you have any questions or require additional information.

All account holders should sign this section:

Type Name: _____ Signature: _____

Type Name: _____ Signature: _____





Thank you for choosing Wayne Bank. We sincerely appreciate the opportunity to assist you with your finances. We offer a wide range of products and services with local expertise and a commitment to *Helping the Community Grow*. Please never hesitate to ask if you have any questions as to how we can help you be successful in reaching your financial goals.

Pennsylvania Community Offices

Administrative Office 717 Main Street Honesdale, PA 18431 800-598-5002	Waymart Office 228 Belmont Street Waymart, PA 18472 570-488-6160	Willow Avenue Office 245 Willow Avenue Honesdale, PA 18431 570-253-0212	Hawley Office 63 Welwood Avenue Hawley, PA 18428 570-226-6565
Milford Office 111 West Harford Street Milford, PA 18337 570-296-5377	Shohola Office 107 Richardson Avenue Shohola, PA 18458 570-559-7616	Lakewood Office 17 Como Road Lakewood, PA 18439 570-798-3000	Stroud Mall Office 308 Stroud Mall Road Stroudsburg, PA 18360 570-424-3330
Marshalls Creek Office 5165 Milford Road E. Stroudsburg, PA 18302 570-223-0300	Tannersville Office 2951 Route 611 Suite 101 Tannersville, PA 18372 570-629-1600	Central Scranton Office 216 Adams Avenue Scranton, PA 18503 570-344-6113	Hanover Township Office 734 Sans Souci Parkway Hanover Twp., PA 18706 570-931-2365
Clarks Summit Office 651 Northern Boulevard Clarks Summit, PA 18411 570-587-5705	Effort Office 2226 Barney Lane Effort, PA 18330 570-517-0468	Exeter Office 1130 Wyoming Avenue Exeter, PA 18642 570-362-7762	

New York Community Offices

Walton Office 131-133 Delaware Street Walton, NY 13856 607-865-4126	Franklin Office 536 Main Street Franklin, NY 13775 607-829-5200	Stamford Office 1 Churchill Avenue Stamford, NY 12167 607-652-7545	Roxbury Office 53898 State Highway 30 Roxbury, NY 12474 5607-326-4100
Andes Office 314 Main Street Andes, NY 13731 845-676-3115	Roscoe Office 43 Stewart Avenue Roscoe, NY 12776 607-290-4070	Liberty Office 1972 Route 52E Liberty, NY 12754 845-292-2300	Callicoon Office 3 River Road Callicoon, NY 12723 845-887-6700
Monticello Office 4353 Route 42 Monticello, NY 12701 845-796-0211	Wurtsboro Office 101 Sullivan St. Wurtsboro, NY 12790 845-644-4441	Geneva Office 389 Hamilton Street Geneva, NY 14456 315-789-1500	Penn Yan Office 225 Main Street Penn Yan, NY 14527 315-536-4110
Cooperstown Office 73 Chestnut Street Cooperstown, NY 13326 607-547-2210	Oneonta Office 34 Main Street Oneonta, NY 13820 607-432-7000		