

SWITCH KIT FIVE EASY STEPS TO GREAT FINANCIAL SERVICE

The North Side Bank and Trust Company makes transferring your accounts fast and convenient with our Switch Kit. These tools include everything you need to switch. Simply complete the enclosed forms and forward them to the appropriate individuals/companies.

1.

Open your North Side Bank checking and/or savings account with an initial deposit of \$100 or more. Ask for your free Visa® Check Card and order a supply of checks. Make note of your account number here:

The North Side Bank routing number is 042000550.

2.

Once you receive your North Side Bank checks, stop using your old account at the other financial institution, and let all your outstanding checks clear the account. This might take up to 10 days or longer. Destroy your old unused checks, deposit slips, and your old ATM and debit cards. For security, North Side Bank will be happy to destroy them for you.

3.

Change any Direct Deposits you may have. Contact your payroll office or fill out the enclosed Direct Deposit Change request form and give it to your employer's payroll department, the Social Security Administration, your retirement plan, or any other source of Direct Deposit. Include a new deposit slip or voided check from your North Side Bank account. You may want to keep your previous account open for 1 to 2 months in order to verify all transfers are complete.

4.

Change any automatic payments or withdrawals. Use the Automatic Payment Transfer Letter to change any automatic withdrawals or payment services. Don't forget any payments that use your old debit card number.

5.

Once you are sure all direct deposits and bill pays are transferred, close your old account by sending the enclosed Account Closing Request form to your old financial institution — no need for you to stop by. Your old financial institution will send you a check for the remaining balance in your account. That is it. Now you have service at a financial institution working with you and for you, The North Side Bank and Trust Company.


North Side Bank
AND TRUST COMPANY

LOOK TO THE NORTH™

www.northsidebankandtrust.com

Member FDIC



SWITCH KIT DIRECT DEPOSIT CHANGE REQUEST

TO: _____
BANK, CREDIT UNION, ETC.

FROM: _____

ADDRESS _____

CITY STATE ZIP

SOCIAL SECURITY NUMBER _____

RE: Change of direct deposit routing

Please discontinue sending my automatic direct deposit to

_____ and/or _____
CHECKING ACCOUNT # SAVINGS ACCOUNT #

with _____
FINANCIAL INSTITUTION

Please begin sending the same deposit to:

North Side Bank and Trust Company

4125 Hamilton Avenue

Cincinnati, OH 45223

Transit ABA/Routing # 042000550

Deposit instructions:

Deposit entire amount to checking acct. # _____

Deposit \$ _____

to savings account # _____

and the remainder to

checking account # _____

I authorize:

- Above listed entity to initiate deposit of my funds to my North Side Bank checking or savings account
- North Side Bank to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

SIGNATURE _____ DATE _____



Attach
North Side Bank
voided check or
deposit ticket
here

North Side Bank
AND TRUST COMPANY

LOOK TO THE NORTH™

SWITCH KIT AUTOMATIC PAYMENT TRANSFER LETTER

DATE: _____

TO: _____
VENDOR NAME

I am writing to inform you of a change in my banking relationship concerning my account number: _____
VENDOR ACCOUNT #

I currently have my _____ payment automatically withdrawn from my checking/savings account # _____

at _____ Bank on the _____ (1st, 5th, 15th) of the month. I would like to transfer these monthly transactions to, North Side Bank and Trust Company, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____

DATE OF TRANSACTION

and the first transaction from North Side Bank to be dated _____

DATE OF NEXT TRANSACTION

My North Side Bank account # _____

Transit ABA/Routing # 042000550

Thank you for your prompt attention to this request. This automatic payment authorization form includes the information necessary for you to begin withdrawals from my North Side Bank account.

Sincerely,

SIGNATURE

ADDRESS

CITY STATE ZIP

PHONE NUMBER

**Attach
North Side Bank
voided check or
deposit ticket
here**


North Side Bank
AND TRUST COMPANY

LOOK TO THE NORTH™

SWITCH KIT ACCOUNT CLOSING REQUEST

TO: _____
BANK, CREDIT UNION, ETC.

FROM: _____
PRIMARY ACCOUNT HOLDER

SECONDARY ACCOUNT HOLDER

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please close the following account(s) with your institution:

ACCOUNT # _____ Checking Savings Money Market Other _____

ACCOUNT # _____ Checking Savings Money Market Other _____

ACCOUNT # _____ Checking Savings Money Market Other _____

ACCOUNT # _____ Checking Savings Money Market Other _____

Please send any funds (plus any accrued interest, if applicable) remaining in these accounts to:

the address shown above

the following address:

North Side Bank and Trust Company

INDIVIDUAL BRANCH ADDRESS

Thank you for your prompt attention.

PRIMARY ACCOUNT HOLDER SIGNATURE: _____

SECONDARY ACCOUNT HOLDER SIGNATURE: _____

DATE: _____

**North Side Bank**
AND TRUST COMPANY

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