



BCB Bank

EASY SWITCH PROGRAM



NOW THAT YOU ARE BANKING WITH BCB YOU CAN EXPECT:

SUPERIOR CUSTOMER SERVICE | STRONG CUSTOMER RELATIONSHIPS

FEE FRIENDLY BANKING | INNOVATIVE TECHNOLOGY

ENHANCED MOBILE BANKING | SCORE CARD REWARDS



We know your time is valuable.
We've created this simple switch kit to make your transition to BCB effortless.





BCB Bank

SWITCH KIT

CHECKLIST

Our branch representatives will be delighted to assist you in transferring your accounts to BCB Bank. However, if you prefer to get started on your own, we have provided the complete package of forms here for your use. Simply select and complete the forms applicable to your situation from the list below.

- Open your BCB Account**

- Transfer or establish direct deposits and/or automatic payments.

- a. **Direct Deposit Form (Non-Government)** – Authorizes the transfer of your payroll check direct deposit or other income from your current financial institution to your new BCB checking or savings account.
- b. **Direct Deposit Sign-Up Form (Government)** – Authorizes the transfer of your direct Deposit of government checks (i.e. Social Security).
- c. **Automatic Payment Form** – Advises current payees to discontinue automatic payment deductions from your existing account and establish automatic payment deductions from your new BCB account.
- d. **Overdraft Protection Closing & Payoff** – Notifies and authorizes your current financial institution to use the enclosed funds to pay off and close your overdraft line of credit.

- Close your existing account using the **Account Closure Request Form**. This provides notice and authorization to your current financial institution to close your account(s) and issue a check for the remaining balance(s).



BCB Bank SWITCH KIT

SWITCH PLANNER

Use this Planner to help monitor and track account transfers in progress while keeping your personal information organized.

*Confirm that all automatic deductions and direct deposit requests have been completed prior to closing your existing/previous accounts.
Note: This may take 1-2 months to take effect.

Direct Deposit Form

Financial Institution	Account Number	Date Mailed	Follow Up Date/Action	

Automatic Payment Request

				Follow Up Date/Action	

Overdraft Protection Closing & Payoff Request – Check Enclosed

Depositor	Account Number	Deposit Date/Amount	Date Mailed	Follow Up Date/Action	Item Completed

Account Closure Request

Financial Institution	Account Number	Payoff Balance	Date Mailed	Follow Up Date/Action	Item Completed

Notes:

1. Delay transmittal of **Account Closure Request** until successful transfer of direct deposits and automatic payments is confirmed.
2. During the transfer process, remember to maintain minimum balances in the accounts being closed in order to avoid service charges.



BCB Bank

Automatic Payment Form

Payee Name & Address

<hr/> <hr/> <hr/>	Payee Account Number
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New Account Information

BCB Bank Routing Number	BCB Bank Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Customer Information

Name	
Street Address	City, State, Zip

By signing below, the account holder authorizes the payee to replace existing automatic payment deduction with an automatic payment deduction from the above BCB Bank account upon receipt of this notification.

Signature X	Date
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Attach voided check here for new 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	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
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		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)	
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.		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
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/>		<input type="text"/>
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
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.

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
 Check No. 0000 415785
 Month Day Year
 08 31 84
 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.

DIRECT DEPOSIT FORM

(Non-Government)

- **Payroll Deposits** – Forward this form to your employer’s payroll department
- **Retirement / Annuity, Dividend and Other Deposits** – Follow up with your current provider to determine where to forward this document
- **Government Deposits** – Use the *Direct Deposit Sign-Up Form* (Government Form)

Type of Deposit

Payroll Retirement/Annuity Dividend Other (non SSA/SSI)

BCB Bank Information

Routing Number 021213520	Account Number
Street Address	City, State, Zip

Customer Information

First Name / Middle Initial / Last Name	Phone Number	Alternative Phone Number
Address	City, State, Zip	

By signing below, I authorize _____ (company name) and BCB Bank to automatically deposit my check into the account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature X	Date
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*****Sample Check*****

Pay to the order of _____	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
For _____	
: _____	: _____

For assistance with this request please contact:

Name:	Branch Phone:
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Overdraft Protection Closing & Payoff

Financial Institution Name & Address

Please use the enclosed funds to pay off and close the following account:

Account Number	Account Type (check one) <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit
Payoff Amount	Date of Payoff

Customer Information

Name	
Street Address	City, State, Zip

By signing below, I authorize you to pay off and close the above account.

Signature X	Date
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BCB Bank

Account Closure Request Form

Financial Institution Name & Address

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Account Information

Account Number	Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD - upon receipt <input type="checkbox"/> CD - at maturity
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Customer Information

Name	
Street Address	City, State, Zip

This notice serves as a request and authorization to close my account and transfer funds. By signing below, I authorize you to release the remaining funds in the form of a cashier's check made payable to the above customer.

Signature X	Date
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Please release check to: _____

Please mail to the following address:

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____