

Flip the "SWITCH" for Better Banking

Welcome to Marion Center Bank!

Leaving your current bank doesn't have to be a hassle. Our **Switch Kit** provides you with the tools needed to move your account(s) to Marion Center Bank with ease.



Simply follow the instructions below and complete the necessary forms and just like that you can start enjoying a better banking experience.



Step One:

→ Open a Marion Center Bank Checking Account.

Visit any of our location and we will be happy to help you select the right account based on your financial needs. When preparing to open your account, please bring with you one of the following forms of personal identification: Valid Driver's License, State ID Card, or Passport.

Step Two:

→ Move any Automatic Payments and/or Direct Deposits to your new MCB account.

You can change your direct deposits and automatic payments by completing these forms and submitting them to the appropriate organization.

Step Three:

→ Close your old accounts.

Complete and send the Close Account Request Form to your old bank and that's it!

Let us help you make the Switch today!

Clymer Branch

750 Franklin Street, Clymer, PA 15728
Phone: 724.254.4315

Marion Center Branch

501 Main Street, Marion Center, PA 15759
Phone: 724.397.5582

Big Run

326 East Main Street, Big Run, PA 15715
Phone: 814.427.2051

Dayton

106 West Main Street, Dayton, PA 16222
Phone: 814.257.8213

Punxsutawney Branch

514 West Mahoning Street, Punxsutawney, PA 15767
Phone: 814.938.0271

Indiana Branch

1271 Indian Springs Road, Indiana, PA 15701
Phone: 724.464.2248

Hastings Branch

279 Beaver Street, Hastings, PA 16646
Phone: 814.247.5013

Corporate Office

Phone: 724.464.2265 or 1.800.556.6262



Come Grow With Us.

Switch Kit brought to you by Marion Center Bank - Member FDIC, Equal Housing Lender
800.556.6262 | www.marioncenterbank.com SK-1/2017

New Customer Checklist

Marion Center Bank
Switch Kit



Marion Center Bank Information:

Account Number: _____ Address: _____
MCB Routing Number: 043312373 _____
Phone Number: _____

New Customer Account Information:

Name (First and Last) Home Phone _____

Business Name Work Phone _____

Address, City, State, Zip Cell Phone _____

Birth Date Social Security Number/ EIN Number Email Address _____

Driver's License Number and State

Employer/Occupation/Job Title

Previous Address (if less than 5 years as PA Resident) PA Resident # of years _____

Mother's Maiden Name

Joint Account Customer Information:

Name (First and Last) or Next of Kin

Employer/Occupation/Job Title

Birth Date Social Security Number _____

Driver's License Number and State

Previous Bank Information:

Name

Account Number

Direct Deposit Change Request

Marion Center Bank
Switch Kit



Use this form to set up or transfer direct deposits to your Marion Center Bank account.

This includes paychecks or other income from pension plans investments, etc. After completing this form, attach a voided check or proof of account from your Marion Center Bank account to this form and submit it to your employer or other income source for processing. **Please complete this form for each company, organization or entity with whom you have arranged for direct deposit.**

I recently changed banks and request that my automatic deposit be switched to my new account at Marion Center Bank as instructed below:

Employer/Company/Entity Information:

Employer/Company/Entity Name

Employer/Company/Entity Address, City, State, Zip

Personal Information:

Name (First and Last)

Home Phone

Address, City, State, Zip

Cell Phone

Email Address

Marion Center Bank Account Information:

Please switch my deposits to this account:

Checking Savings

043312373

Marion Center Bank Routing Number

Marion Center Bank Account Number

Address: (this will be the address of the MCB office location you plan to use for your banking needs) _____

Authorization:

I authorize _____ (employer/company/entity name) to make deposits to my Marion Center Bank account as indicated above. I understand this authorization will remain in effect until I have given written notice to terminate this agreement.

Signature of Primary Account Holder

Date

Signature of Secondary Account Holder (if required)

Date

Automatic Payment Change Authorization

Marion Center Bank
Switch Kit



Use this form to set up or transfer an Automatic Payment from your Marion Center Bank account.

This includes mortgage payments, utility bills, insurance premiums, or any other recurring payment. After completing this form, attach a voided check or proof of account from your Marion Center Bank account to this form and submit it to the company you wish to pay. Please complete a separate form for each company, organization or entity with whom you have arranged for Automatic Payment deductions from your account, then send to each company you authorize to make deductions from your account. *We also offer Bill Pay service that is available through Online Banking - Pay all your bills from one convenient location!*

I recently changed banks and request that my automatic deduction be switched to my new account at Marion Center Bank as instructed below:

Personal Information:

Name (First and Last)

Home Phone

Address, City, State, Zip

Cell Phone

Payee/Company Information:

Company Name

Email Address

\$

Authorized Payment Account (this will be the amount deducted from your Marion Center Bank account)

Marion Center Bank Account Information:

Effective immediately, deduct the above recurring payment amount from the following account:

Checking Savings

043312373

Marion Center Bank Routing Number

Marion Center Bank Account Number

Address: (this will be the address of the MCB office location you plan to use for your banking needs) _____

Authorization:

I authorize _____ (employer/company name) to deduct payments from my Marion Center Bank account as indicated above. I understand this authorization will remain in effect until I have given written notice to terminate this agreement.

Signature of Primary Account Holder

Date

Signature of Secondary Account Holder (if required)

Date

Close Account Authorization Request

Marion Center Bank
Switch Kit



Submit this form to the financial institution where you will be closing your account(s).

Make sure all of your existing account activity has cleared and all the appropriate forms have been completed and switched to your Marion Center Bank account before you send this form to your former bank.

To:

Bank Name

Address, City, State, Zip

From: (Marion Center Bank Customer)

Customer Name

Address, City, State, Zip

Phone

Request to close accounts:

I have recently changed banks and will need to close my current account with your bank. The following accounts will need to be closed immediately.

- Checking Savings Money Market Other

Account Number

Primary Account Holder Name

Joint Account Holder Name

Address, City, State, Zip

Please send the remaining balance to: (please place a check mark in the box next to your preferred option)

- Please deposit all remaining funds directly to my new account at Marion Center Bank

Account Number 043312373

Marion Center Bank Routing Number

- Please mail all remaining funds in the account by check to the address listed below:

Address, City, State, Zip

Signature of Primary Account Holder

Date

Signature of Secondary Account Holder (if required)

Date