



ASHEVILLE SAVINGS BANK

Where Every Customer Counts

Account Switch Kit

Dear Valued Customer:

We are glad that you have chosen Asheville Savings Bank as your bank of choice. For your convenience we have developed an *Account Switch Kit*, a step by step checklist, as a single source for all the information needed to transfer your personal and business accounts, including automatic payments and direct deposits to Asheville Savings Bank.

Please follow these 5 easy steps and prepare to switch your accounts to Asheville Savings Bank:

Step 1: Open your new Asheville Savings Bank account.

Visit any of our 12 conveniently located MarketPlace offices to open your account with a minimum deposit of only \$50.00. Our friendly Customer Service Representatives will be happy to discuss our various accounts and assist you in choosing the best account to fit your needs.

Step 2: Stop actively using your previous bank account.

Be sure to leave sufficient funds in your previous account to cover any outstanding checks and automatic payments. Destroy your old checks and debit cards associated with your previous account.

Step 3: Transfer or establish automatic payments/withdrawals or direct deposits.

Use the attached *Automatic Transactions Checklist* to help identify the automatic payments you were making with a previous account. This is a good time to decide which payment methods work best for you. Your payments can also be made automatically using our free Internet Banking Bill Pay service.

You may want to use the *Automatic Payment/Withdrawal Form* to advise your current payees to discontinue automatic payment deductions from your existing account and establish automatic deductions from your new Asheville Savings Bank account. It may take one or more billing cycles for the switch to take place. You may be able to change your automatic payments by contacting payees by telephone or via their website.

Arrange to have all your direct deposits transferred to your new Asheville Savings Bank account by using the *Direct Deposit Authorization Form*. Simply complete the form and deliver it to each of the companies you listed on the *Automatic Transactions Checklist*.

Switch your Social Security Direct Deposits by calling 800-772-1213 or using the website at www.socialsecurity.gov.

Step 4: Sign up for Asheville Savings Bank's free Internet Banking and Internet Banking Bill Payment.

Simply visit www.asheillesavingsbank.com to sign up for Internet Banking and track the status of your automatic payments and direct deposits.

Make payments online to almost any individual or company in the United States with free Internet Banking Bill Payment service. You have the option to schedule one-time payments or establish recurring payments. You will save time and money. Visit www.asheillesavingsbank.com to sign up.

If you used Bill Pay service with your previous bank, we recommend printing your existing payee list to use as a reference when setting up your Asheville Savings Bank Bill Payment. You will need the payee name, address, phone number and account number.

Step 5: Close your previous bank account.

After all outstanding items have cleared your previous account and you've moved any direct deposits, automatic payments or withdrawals and on-line bill payments, you are ready to close your account by completing and mailing the *Request to Close Account Form*. To instruct your previous bank to close your account, you will need:

- The *Request to Close Account Form*
- Your old bank account number
- Your previous bank's address
- A stamped, addressed envelope

Now you're ready to begin enjoying all the benefits of Asheville Savings Bank! If you have any questions, please feel free to stop by any MarketPlace office or call 800-222-3230.

Congratulations! You're done!



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Automatic Transactions Checklist

Automatic Payments

✓	Type of Automatic Payment	Company Name	Amount	Automatic Payment/Withdrawal Form sent? Y or N	Date
	Mortgage/Rent				
	Auto Loan/Lease				
	Insurance				
	Credit Cards				
	Electric				
	Gas/Oil				
	Water				
	Telephone				
	Cellular Phone				
	Cable/Satellite				
	Internet Provider				
	Health Club/Memberships				
	Investments				
	IRA / Retirement				
	Daycare				
	Other:				
	Other:				
	Other:				
	Other:				

Direct Deposits

✓	Type of Direct Deposit	Company Name	Amount	Direct Deposit Authorization Form sent? Y or N	Date
	Employer Payroll				
	Pension / Retirement				
	Social Security				
	Investment Income				
	Other:				
	Other:				



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Automatic Payment/Withdrawal Form

Company Information

Company Name _____			
Address _____			
City _____	State _____	Zip Code _____	Phone# _____

Personal Information

Name _____		Social Security # _____ - _____ - _____	
Address _____			
City _____	State _____	Zip Code _____	Phone# _____

Bank Information

Asheville Savings Bank
 PO Box 652
 Asheville, NC 28802

Account Number: _____

Routing Number: **253170062**

Amount to Pay Company -- Full Amt Due Minimum Pmt Due Other \$ _____

Frequency: Weekly Monthly Effective Date: _____

Customer Authorization

I, the undersigned, hereby authorize and request the above named Company to direct redirect my automatic payment / withdrawal to be debited from my account with Asheville Savings Bank as indicated above. These instructions shall remain in effect until I provide new written notice.

Signature: _____ Date: _____



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Where Every Customer Counts

Direct Deposit Authorization Form

Employer Information

Company Name _____

Address _____

City _____ State _____ Zip Code _____ Phone# _____

Personal Information

Name _____ Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____ Phone# _____

Bank Information

Asheville Savings Bank
PO Box 652
Asheville, NC 28802

Account Number _____ Routing Number: 253170062

***If this form is not sufficient to establish or change the Direct Deposit, please forward the authorized form to me at the address above.

Customer Authorization

I, the undersigned, hereby authorize and request _____ to deposit amounts due to me directly to the above named bank and bank account number.

Signature: _____ Date: _____



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Request to Close Account

Previous Bank Information

Bank Name _____

Address _____

City, State Zip Code _____

Customer Information

Customer Name _____

Address _____

City, State Zip Code _____

Phone Number _____

To Whom It May Concern:

I have switched banks and request that you close the following account(s) with your institution:

Account # _____ Checking Savings Money Market CD Other _____

Account # _____ Checking Savings Money Market CD Other _____

Account # _____ Checking Savings Money Market CD Other _____

Account # _____ Checking Savings Money Market CD Other _____

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped. Please mail me a check for the entire balance in the account(s), including any accrued interest, to my address listed above. If you have any questions regarding this request, please contact me at the phone number or address listed above.

Customer Signature _____

Date: _____

Customer Signature (joint signer) _____

Date: _____