

Reliance Bank Switch Kit



Welcome to Reliance Bank!

Switching to Reliance Bank is easier than ever. Our switch kit contains everything you need to make this transition quickly and easily. Together, we can walk you through the process and get you started on the path to financial success.

Step One:

Open a Reliance Bank Checking Account.

To open an account, stop by one of our convenient locations or visit:

<http://www.rel.resultspw.com/open/>

Step Two:

Move your Automatic Payment and Direct Deposits to your new account.

Change your direct deposits and automatic payments to your Reliance Bank account by simply completing these forms and submitting them to the appropriate organization.

Step Three:

Close your old account!

Fill out and send the Closure Authorization Form to your old bank and that's it!



Should you have questions or need assistance with the switch, we are more than happy to help! Visit any of our branches or call our Customer Service line, **1-814-949-6255**, during regular business hours.

When preparing to open an account with Reliance Bank, please bring one of the following forms of personal identification with you:

- Valid Driver's License
- State ID Card
- Passport

New Customer Checklist



SWITCH KIT

RELIANCE BANK INFORMATION:

Account # _____
Routing # 231375397
Address: 1119 Twelfth Street, Altoona, PA 16601
Website: reliancebank.com
Phone: 814-949-6263

NEW CUSTOMER ACCOUNT INFORMATION:

Name _____
Business Name _____
Address, City, State, Zip _____
Home Phone _____ Work Phone _____
Employer _____
Birth Date _____ Social Security # _____
Driver's License # _____ State _____
Previous Bank _____ PA Resident # of Years _____
Previous Address (if Less than 5 Years as PA Resident) _____
Mother's Maiden Name _____
E-Mail Address _____

JOINT ACCOUNT CUSTOMER INFORMATION:

Name _____
Employer _____
Birth Date _____ Social Security # _____
Driver's License # _____ State _____

ACCOUNT SELECTION INFORMATION:

Joint	Individual	
<input type="checkbox"/>	<input type="checkbox"/>	Reward Checking
<input type="checkbox"/>	<input type="checkbox"/>	Performance Checking
<input type="checkbox"/>	<input type="checkbox"/>	Simple Checking
<input type="checkbox"/>	<input type="checkbox"/>	Mutual Advantage MM
<input type="checkbox"/>	<input type="checkbox"/>	Statement Savings

Check Type:

Wallet Duplicate



SWITCH KIT

Close Account Request

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

Make sure all your existing activity has cleared and switched to your Reliance Bank account before you send this form to your former bank.

TO (Bank Name)

Address, City, State, Zip

FROM (Reliance Bank Customer)

Address, City, State, Zip

Phone #

RE: REQUEST TO CLOSE CHECKING ACCOUNT

Please be advised that I have recently changed banks and will need to close my current account with your bank. The following account should be closed:

Checking Savings Money Market Other: _____

Account #

Primary Account Holder Name

Joint Account Holder Name

I (we) have opened a Reliance Bank Checking Account. Reliance Bank's address is: **1119 Twelfth Street, Altoona, PA 16601**

Last 4 Digits of Reliance Bank Account #

Please forward all remaining funds in the account by check to: Reliance Bank Me

Address where check is to be sent (if different than above)

If you have any questions regarding this request, please feel free to contact me using the above-referenced contact information.

Authorized Signature

Date



SWITCH KIT

Direct Deposit Change Request

Use this form to set up or transfer direct deposits to your Reliance 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 Reliance 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 Reliance Bank as instructed below:

EMPLOYER/COMPANY INFORMATION:

Employer/Company Name

Employer/Company Address, City, State, Zip

PERSONAL INFORMATION:

Name

Address, City, State, Zip

Phone #

RELIANCE BANK ACCOUNT INFORMATION:

Please switch my deposits to this account: Checking Savings

231375397

Reliance Bank Routing Number

10 Digit Reliance Bank Account Number

Reliance Bank's Address: **1119 Twelfth Street, Altoona, PA 16601**

AUTHORIZATION:

I authorize _____ (employer/company) to make deposits directly to my Reliance Bank account indicated above. I understand this authorization will remain in effect until I have given written notice to terminate this service.

Signature

Date



SWITCH KIT

Automatic Payment Change Authorization

Use this form to set up or transfer an automatic payment from your Reliance Bank account.

This includes mortgage payments, utility bills, insurance premiums, etc. After completing this form, attach a voided check or proof of account from your Reliance 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 authorized to make deductions from your account. Additional forms are available from Reliance Bank.

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

PERSONAL INFORMATION:

Name

Address, City, State, Zip Phone #

PAYEE/COMPANY INFORMATION:

Vendor/Company Name \$ Authorized Payment Amount

RELIANCE BANK ACCOUNT INFORMATION:

Effective immediately, deduct my recurring payments from the following account: Checking Savings

231375397

Reliance Bank Routing Number 10 Digit Reliance Bank Account Number

Reliance Bank's Address: **1119 Twelfth Street, Altoona, PA 16601**

AUTHORIZATION:

I authorize _____ (employer/company) to initiate payments from my Reliance Bank account indicated above. I understand this authorization will remain in effect until I have given written notice to terminate this service.

Signature Date



SWITCH KIT

Government Benefits Enrollment Form

Submit this form to New Accounts Representative. Please do not mail this form.

Name of Payee

Address, City, State, Zip

Home Phone

Birth Date

Social Security #

Representative Payee: Yes No

Person Completing This Form

Signature

Date

10 Digit Reliance Bank Account Number

Account Type: Checking Savings

TYPES OF BENEFITS: (check one)

Social Security

Supplemental Security Income

Veteran's Administration
Compensation & Pension

Veteran's Administration
Education

Veteran's Administration
Life Insurance

Office of Personnel & Management
Retirement Annuity (Civil Service)

Office of Personnel & Management
Survivors Annuity (Civil Service)