

WELCOME TO PORT RICHMOND SAVINGS

Just follow this step-by-step checklist to help make your switch to Port Richmond Savings quick and easy. If you have any questions throughout the process, please do not hesitate to call us at 215-634-7000.

1

OPEN UP YOUR NEW PORT RICHMOND SAVINGS ACCOUNT.

Stop in our office and select an account that is right for all of your banking needs.

2

STOP USING YOUR OLD ACCOUNT AND BEGIN USING YOUR NEW ACCOUNT.

Make sure you leave enough funds in your old account until all of your checks have cleared and any automatic withdrawals have been successfully transferred to your new Port Richmond Savings Account.

3

MOVE YOUR DIRECT DEPOSITS TO YOUR NEW ACCOUNT.

Use the enclosed form to request that companies begin using your new account for all of your automatic payments. You may make Direct deposit arrangements with Social Security by contacting them at 1-800-772-1213 or visit <https://www.ssa.gov/deposit/howtosign.htm>.

4

CHANGE YOUR AUTOMATIC PAYMENTS.

Fill out the enclosed form to request that companies begin using your new account for all of your automatic payments. Be aware that some companies require a few weeks notice before the changes take affect.

5

STOP USING AND CLOSE YOUR OLD ACCOUNT AT THE OTHER FINANCIAL INSTITUTION.

Use the enclosed Account Closing Form to request your old account be closed once all of your checks and other items have cleared. Destroy any unused checks, Debit cards, and deposit slips. Transfer any remaining money to your new Port Richmond Savings account.



2522 East Allegheny Avenue
Philadelphia, PA 19134
Questions? Call 215-634-7000
www.PRSBank.com



DIRECT DEPOSIT CHANGE LETTER

Your Name: _____ Date: _____
Employer's Name: _____
Employer's Address: _____
City, State, and Zip: _____

To Whom it May Concern,

You are currently depositing My Entire Paycheck/ Part of My Paycheck (circle one) to the following account:

Old Bank: _____
Bank Routing Number: _____
Account Number: _____

Please cancel my direct deposit to that account and transfer the deposit to:

New Bank: PORT RICHMOND SAVINGS
Bank Routing Number: 236074855
Account Number: _____

If you have any questions about this request,

please contact me by phone at: _____

Thank you!

Sincerely,
Signature _____
Name (Please Print): _____
Address: _____
City, State, Zip: _____

**Attach a voided check from your new Port Richmond Savings account to this sheet.*



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AUTOMATIC WITHDRAWAL CHANGE LETTER

Company Information

Name of Company That Makes Automatic Withdrawals _____

Address _____

City, State, Zip _____

Customer Information

Name: _____

Address: _____

City, State, Zip: _____

Authorization of Automatic Payment

Please accept this letter as my authorization to have my automatic payments with your company changed to my new account listed below. My customer account number with your company is: _____

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

New Bank: PORT RICHMOND SAVINGS _____

Bank Routing Number: 236074855 _____

Account Number: _____

If you have any questions about this request, please contact me by phone

at: _____

Thank you!

Sincerely,

Signature: _____



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PAYMENT CHECKLIST

A Quick Reference Guide



**PORT RICHMOND
SAVINGS**

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Phone				
Internet				
Water				
Daycare				
Health Club				
Investments				
IRA/Retirement				
Charities				
Other				

DEPOSIT CHECKLIST

A Quick Reference Guide



**PORT RICHMOND
SAVINGS**

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension/Retirement				
Social Security				
Investment Income				
Other				
Other				



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REQUEST TO CLOSE ACCOUNT



PORT RICHMOND
SAVINGS

To: Previous Bank's Name _____ Date: _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Please accept this as my authorization to close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name (Please Print)



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