



Switch to Seattle Bank

Follow the simple steps below to start enjoying the benefits of banking with a local, friendly, community bank!

Step 1: Switch Your Account(s) to Seattle Bank

- Switch your direct deposits such as paychecks or annuities with the following Direct Deposit Change Request (page 2, below).
- Switch your automatic payments, with the Automatic Payment Change Notification form (page 4, below).
- Sign up for Direct Deposit on all of your federal payments (such as social security) with the Direct Deposit Sign-Up Form (page 5, below) or call 800.333.1795 to sign up by phone.

Step 2: Close Your Old Account(s)

- Complete the following Account Closure Request form, sign, and then mail to your old financial institution (page 3, below).

Tips for a Smooth Transition:

- Stop using your old account, but leave enough money in it to cover outstanding checks or withdrawals, until you are sure all checks have cleared
- Destroy any unused checks, deposit slips, and ATM/debit cards
- Sign up for Seattle Bank's free online banking and bill pay. Need help with this? Just ask! We'll even help you switch your bills to us.

Thank you for choosing Seattle Bank!



Direct Deposit Change Request

Date: _____

To:

Company Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

From:

Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

RE: Change of Direct Deposit Routing

Please send my automatic direct deposit to account:

Financial Institution:.....**Seattle Bank**

9-digit Routing Number:.....**125084697**

Account Number....._____

Please remit the funds via ACH to Seattle Bank using the ABA Routing and account number noted above.

I hereby authorize the organization above to initiate the deposit of my funds to my Seattle Bank account. This authorization will remain in effect until I provide written notice of change or cancellation to the originating organization.

Signature

Date



Account Closure Request

Date: _____

To:

Financial Institution Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

From:

Account Holder 1: _____

Account Holder 2: _____

Account Holder 3: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

RE: Notification to Close Financial Institution Account

I hereby authorize closure of the following account:

Name on the Account: _____

Closing Account Number: _____

I certify that all checks have cleared the above referenced account and that all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in this account in the form of a cashier's check payable to my new account at:

Seattle Bank

600 University Street, Suite 1850

Seattle, WA 98101-1129

Routing Number: **125084697**

Account Number: _____

Primary Account Holder Signature

Date

Joint Account Holder Signature

Date

Joint Account Holder Signature

Date



Automatic Payment Change Notification

Date: _____

To:

Billing Company Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

From:

Account Holder 1: _____

Account Holder 2: _____

Account Holder 3: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

RE: Notification to Change Automatic Payment

Please change my automatic payment from account number: _____
to my new account at Seattle Bank:

Seattle Bank

600 University Street

Suite 1850

Seattle, WA 98101-1129

Routing Number: **125084697**

Seattle Bank Account Number: _____

I hereby authorize the biller named above to change my automatic payment effective _____
This authorization will remain in effect until I provide written notice of change or cancellation.

Primary Account Holder Signature

Date

Joint Account Holder Signature

Date

Joint Account Holder Signature

Date



Sign-Up Form for Direct Deposit of Federal Benefit Payments

FMS Form 1200 (July 2009) Previous versions obsolete

OMB No. 1510-0007

You may also sign up online today at www.GoDirect.org or call **Go Direct**® toll free at 1 (800) 333-1795

(for social security, railroad retirement board, civil (non-military) retirement payments or VA only).

DIRECTIONS

Please read the information on page 2 before completing this form. **You must complete boxes A, B, C, D, E and F.**

Only complete this form to sign up for direct deposit if you are an individual, or a representative payee of an individual, who receives checks for the following types of federal benefits: **social security, supplemental security income, railroad retirement, civil (non-military) retirement, or VA (compensation or pension only).** If you currently receive your payment by direct deposit you may not use this form. Please refer to page 2 for further instructions.

A. FEDERAL BENEFIT RECIPIENT INFORMATION

(print name[s] and address exactly as they appear on your benefit check)

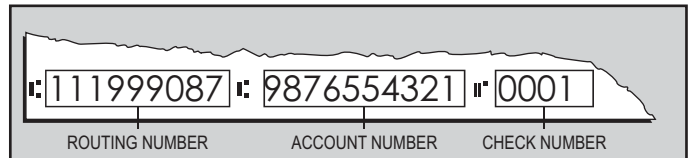
NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE
ADDRESS (street, route, P.O. box, apartment number)	
CITY (or APO/FPO)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER () -	
SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY) - -	

SAMPLE CHECK (bottom left corner) →

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check below)
** ACCOUNT NUMBER (see sample check below; do not include check number) 	

** You may also attach a voided personal check. If you are depositing into a savings account, you may need to contact your financial institution to obtain the routing and account numbers.



C. TYPE OF PAYMENT (check only one) You must complete a separate form for each type of federal payment.

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA (COMP/PENSION ONLY)	<input type="checkbox"/> RAILROAD RETIREMENT (specify below)	<input type="checkbox"/> CIVIL (NON-MILITARY) RETIREMENT (specify below)
For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).			Annuity benefit <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>

D. IDENTIFICATION

CLAIM NUMBER 	OR	In order to process your request, either the claim number (found on documents from your paying agency) or the check number from your last payment (found in the upper right-hand corner of your Treasury check) must be entered at left.
CHECK NUMBER (YOUR MOST RECENT PAYMENT) 		

E. PAYMENT VERIFICATION

You must **also** enter the amount of your last benefit payment.

AMOUNT OF YOUR MOST RECENT PAYMENT
\$ | | | | | . | |

F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be deposited into the account above.

SIGNATURE	DATE
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FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE	DATE
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Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

Go Direct Processing Center
U.S. Department of the Treasury
P.O. Box 650527
Dallas, TX 75265-0527

This form is **only** to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

Contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by Go Direct

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives direct deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by direct deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by direct deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the person receiving the payment.

Your financial institution may cancel your direct deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the direct deposit authorization was cancelled.

Please contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*

Department of Veterans Affairs

(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board

(Automated System)
(877) 772-5772
(312) 751-4701 TTY

Social Security Administration

(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management

(888) 767-6738
(800) 878-5707 TDD

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.