



## Switch to SEATTLE BANK

We make it easy to switch your banking relationship to SEATTLE BANK. Follow the simple steps below and enjoy the benefits of banking with a local, entrepreneurial, and independent bank!

### Open Your Accounts at SEATTLE BANK

- Open new or additional accounts online or at any SEATTLE BANK location
- Switch your direct deposits with the Direct Deposit Change Request Form
- Switch your federal deposit (such as social security) with the Direct Deposit Sign-Up Form or call 1 (800) 333-1795 to sign up by phone
- Switch your automatic payments with the Automatic Payment Change Notification Form
- Switch your online banking and bill pay and enroll in FREE Online Banking and Bill Pay
- Order your SEATTLE BANK checks and a SEATTLE BANK Visa™ Debit Card

### Close Your Old Account

- Stop using your old account but leave enough money in your old account to cover outstanding checks or withdrawals
- When all outstanding checks have cleared and all automatic withdrawals have been switched to SEATTLE BANK, close your old account
- Destroy unused checks, deposit slips, and ATM/Debit cards
- Complete the Account Closure Request Form in the switch kit, sign and mail to your old Financial Institution

Thank you for choosing SEATTLE BANK!



# Direct Deposit Change Request

Date:

To:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

From:

\_\_\_\_\_  
Account Holder

\_\_\_\_\_  
Account Holder

\_\_\_\_\_  
Account Holder

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone

RE: Change of Direct Deposit routing

Please send my automatic direct deposit to account:

Financial Institution: Seattle Bank

Routing #: 125084697

Account #: \_\_\_\_\_

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 deposit of my funds to my SEATTLE BANK account. This authorization will remain effective 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_  
Account Holder

Account Holder

Account Holder

Street Address

City, State, Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

## RE: Notification to Close Financial Institution Account

I hereby authorize the closure of my account.

Name on the Account: \_\_\_\_\_

Closing Account Number: \_\_\_\_\_

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to my new account:

Financial Institution: Seattle Bank

Routing #: 125084697

Account #: \_\_\_\_\_

SEATTLE BANK  
190 Queen Anne Avenue N. Suite 100  
Seattle WA 98109

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Date



# Automatic Payment Change Notification

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
Company Name  
\_\_\_\_\_  
Street Address City State Zip

**From:** \_\_\_\_\_  
Account Holder  
\_\_\_\_\_  
Account Holder  
\_\_\_\_\_  
Account Holder  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code Home Phone

**RE: Notification to Change Automatic Payment for** \_\_\_\_\_

Please note the change in my automatic payment for account \_\_\_\_\_ to my new account:

Financial Institution: Seattle Bank

Routing #: 125084697

Account #: \_\_\_\_\_

SEATTLE BANK  
190 Queen Anne Avenue N. Suite 100  
Seattle WA 98109

I hereby authorize the organization above to change my automatic payment effective \_\_\_\_\_.  
This authorization will remain effective until I provide written notice of change or cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Sign-Up Form for Direct Deposit of Federal Benefit Payments

FMS Form 1200 (January 2008)

OMB No. 1510-0007

You may also sign up online today at [www.GoDirect.org](http://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)

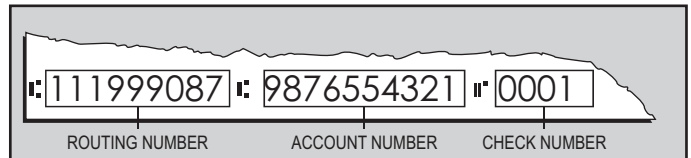
NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE
ADDRESS (street, route, P.O. box, apartment number)	
CITY (or APO/FPO)	STATE ZIP CODE
DAYTIME TELEPHONE 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, <b>either</b> the claim number (found on documents from your paying agency) <b>or</b> the check number from your last payment (found in the upper right-hand corner of your Treasury check) <b>must be entered at left.</b>
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.

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**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)  
(800) 808-0772  
(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

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**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.