



Albina Community Bank

Customer Care • 2002 NE MLK Jr. Blvd., Portland, OR 97212 • 503-287-7537 • www.albinabank.com

# A NEW DAY OF BANKING

## Albina Switch-Kit

Thank you for interest in Portland's local bank, where together we are contributing to the vitality of our unique city. Please use the instructions and forms provided here to make your switch to Albina as easy as possible. As always, call us at 503-287-7537 if you have any questions.

### Step 1: Open an Albina Account

- Visit any of our 5 branch locations to open your Albina account

### Step 2: Make an opening deposit or transfer to your new account

- If you are transferring from another financial institution, please use the "Opening Deposit or Transfer" form, along with the "Funds Transfer Authorization" forms
- If you are transferring from another Albina account, or a check deposit, please use the "Opening Deposit or Transfer" form. Make sure you include your Albina account number on the form.
- Mail or deliver the completed form to Albina

### Step 3: Close your previous checking account and transfer its balance to your new account

- Use the "Funds Transfer Authorization" form
- Mail or deliver the completed form to Albina. We will make the necessary arrangements with your previous financial institution

### Step 4: Start Direct Deposit to your new account

- To automatically deposit your paycheck to your new account, use the "Direct Deposit Authorization" form.
- Mail or deliver the completed form to Albina. We will make the necessary arrangements with your employer.
- To automatically deposit your Social Security check to your new account, go to: <http://www.socialsecurity.gov/deposit>.

### Step 5: Change automatic payments made from your previous checking account, so that they will now come from your new account

- Use the "Automatic Payment Change" form to notify a business or other payee that automatic payments they receive from you



should come from your new Albina checking account (i.e., utilities, insurance companies, health clubs, etc.)

- Print as many forms as you need.
- Be sure to provide an effective date, where indicated on the form
- **IMPORTANT:** Notify your previous financial institution that you are ending all automatic payments from the previous account, and tell them the effective date
- Mail or deliver the completed form to Albina. We will make the necessary arrangements with the business or other payee.

### Step 6: Find out about Albina's great products and services

- Call or visit any of our branch offices, or visit us online at [www.albinabank.com](http://www.albinabank.com)
- Check the services of interest to you on the "Request For Information" form below, and mail or deliver it to Albina

## REQUEST FOR INFORMATION



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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please call me with information about:

- |  |   |
|--|---|
| <input type="checkbox"/> Money Market Accounts           | <input type="checkbox"/> Mortgage Loans |
| <input type="checkbox"/> Certificate of Deposit Accounts | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Individual Retirement Accounts  |   |
| <input type="checkbox"/> The Loop Visa™ Credit Card      |   |
| <input type="checkbox"/> Consumer Loans                  |   |
| <input type="checkbox"/> Business Loans                  |   |
| <input type="checkbox"/> First-Time Homebuyers Loans     |   |
| <input type="checkbox"/> Home Equity Loans               |   |

# OPENING DEPOSIT OR TRANSFER



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Name: \_\_\_\_\_  
Joint Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Opening deposit or transfer amount: \$ \_\_\_\_\_

To fund your account (Choose one):

Check attached for opening deposit amount

I (we) authorize a transfer from:

Albina Acct #: \_\_\_\_\_

Funds Transfer Authorization form attached

Signature(s) to authorize transfer:

\_\_\_\_\_  
Signature Date

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

# FUNDS TRANSFER AUTHORIZATION



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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Transfer From: \_\_\_\_\_  
(Previous Financial Institution Name)

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

Effective \_\_\_/\_\_\_/\_\_\_ I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Albina Community Bank, as indicated at the left on this form. I have notified all parties authorized to draw against this account to cease doing so.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

# DIRECT DEPOSIT AUTHORIZATION



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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Employer: \_\_\_\_\_

Attn/Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I hereby authorize the above named Employer to initiate credit entries to my:

(Select one)  Checking Account  Savings Account

at Albina Community Bank, as indicated on this form, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The authorization is to remain in full force and effect until the Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and Albina Community Bank a reasonable opportunity to act on it. Note: Written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

\_\_\_\_\_  
Signature Date

# AUTOMATIC PAYMENT CHANGE



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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Payee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account/Policy #: \_\_\_\_\_

The individual(s) named at left has opened an account with Albina Community Bank. Effective \_\_/\_\_/\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

**Signature(s) to authorize transfer:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Payee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account/Policy #: \_\_\_\_\_

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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Albina Account #: \_\_\_\_\_  
Routing & Transit #123006651

Payee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account/Policy #: \_\_\_\_\_

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**Signature(s) to authorize transfer:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_