

PERSONAL CHECKING



PERSONAL CHECKING QUICK SWITCH BOOKLET



PEAPACK-GLADSTONE BANK

WELCOME TO PEAPACK-GLADSTONE BANK'S QUICK SWITCH KIT

To help you with opening your account at Peapack-Gladstone Bank, please follow the steps below:

1. GETTING STARTED

To get started, complete the Account Holder Information Worksheet.

2. ACCOUNT CLOSING REQUEST

Complete this form to request to have your account(s) that you currently have at your former bank closed and any remaining funds sent to you.

3. SETTING UP DIRECT DEPOSITS (TRANSFER OR ESTABLISH)

With today's busy lifestyles, direct deposit can save you time and allow easy access to your money. Whether it is your paycheck or other income source such as retirement or social security, knowing that your funds have arrived safely and on time provides you peace of mind. Plus, it's a great way to get Free Checking.

If you are transferring payroll direct deposit from your former checking account or setting it up for the first time, please complete the Payroll Direct Deposit Authorization Form. To establish or transfer direct deposit of other income sources, alternative forms may be required.

Please note: The initial direct deposit may not occur immediately, as such please allow sufficient time for the funds to be deposited into your new checking account.

4. WHEN SHOULD I CLOSE MY OLD CHECKING ACCOUNT?

Once you have confirmed that your direct deposit has been credited and/or your automatic bill payments have been deducted from your new PGB Free Checking Account, we then suggest that you close your old checking account.

At this time you should:

- Make sure all outstanding checks have cleared.
- Close your old account. You can visit the branch and do this in person or you can complete the Account Closing Request and mail it in.
- Destroy all remaining checks, deposit tickets, ATM and debit cards from your old checking account



ACCOUNT HOLDER INFORMATION WORKSHEET

Use this form to make opening your account to Peapack-Gladstone Bank simple!

PRIMARY ACCOUNT HOLDERS INFORMATION

Name _____

Street Address _____

Daytime Phone # _____

Evening Phone # _____

Email Address _____

Social Security # _____ Date of Birth _____

ID (i.e. Drivers License #) _____ Issue Date _____ Exp Date _____

Mother's Maiden Name _____

Employer's Name _____ Employer's Phone # _____

Employer's Address _____

Account # _____ Type of Acct _____ Deposit \$ _____

JOINT ACCOUNT HOLDERS INFORMATION

Name _____

Street Address _____

Daytime Phone # _____

Evening Phone # _____

Email Address _____

Social Security # _____ Date of Birth _____

ID (i.e. Drivers License #) _____ Issue Date _____ Exp Date _____

Mother's Maiden Name _____

ACCOUNT INFORMATION

Online Banking: YES NO
(circle one)

VISA Check Card: YES NO
(circle one)

Check Order Information (special instructions) _____

ACCOUNT CLOSING REQUEST

Use this form to request that the account(s) you currently have at your former bank be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check has cleared. You can also visit your former bank to close out your accounts.

To Whom It May Concern:

Date _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

If you have any questions regarding this request, please contact me at the phone number or address listed below. Thank you.

Please close the following accounts:

Checking # _____ Account Owner(s) Name _____

Savings # _____ Account Owner(s) Name _____

Money Market # _____ Account Owner(s) Name _____

Please contact me if you have any questions about this request.

Mailing Address _____

City _____ State _____ Zip _____

Phone (Day) _____

Thank you for processing this request immediately.

Account Owner Signature _____ Date _____

Account Owner Signature _____ Date _____

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your pay to your Peapack-Gladstone Checking Account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Peapack-Gladstone Bank, and I authorize and request Peapack-Gladstone Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Peapack-Gladstone Bank checking account number _____

Peapack-Gladstone Bank ABA transit routing number 021205237 _____

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Peapack-Gladstone Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Peapack-Gladstone Bank shall be effective only with respect to entries credited to my account by Peapack-Gladstone Bank after receipt of such notification and a reasonable time to act on it.

Account Owner _____

Signature _____ Date _____