

Switch Kit



**CAPITAL
BANK** 

A division of Chemung Canal Trust Company

Now there's an easy way to change banks...

At Capital Bank we try to make all your banking transactions simple and convenient. That's why we've put together this kit to help you open a Capital Bank checking account quickly and easily.

Why change to Capital Bank?

We're a community bank with offices in Albany and Saratoga counties that channels local deposits back into the communities we serve through loans to individuals, businesses and organizations. We continue to fill the void for individuals and businesses seeking to do business with a local, community bank. We know our clients and we value those relationships. We will continue to provide the superior customer service that distinguishes us from all of our competitors, and we will continue to focus on building enduring, long-lasting relationships.

Here are just a few more reasons why you'll like banking with us:

- Web banking.
- Online bill pay.
- e-statements.
- A friendly and knowledgeable staff.
- Innovative products and services which suit your lifestyle.
- Convenient banking locations.

Switch in Three Easy Steps:

1. Choose the Capital Bank checking account that fits your needs. Please see Personal Checking Options insert for details.
2. Change direct deposit and automatic withdrawals to your new Capital Bank checking account.
3. Stop using your old checks and debit/ATM card. Close account with your previous bank.

Please stop by any of our convenient offices (see the locations and hours insert) and we'll help you fill out the forms you need to switch banks or visit us online at www.capitalbank.com.

Application

PRIMARY ACCOUNT HOLDER

1.) Account Information

Account Type

- Individual
- Joint (with Survivorship, and not as tenants in common)

Select Your Account

(See Personal Checking Options Insert for Details)

- Global Checking
- Free Checking
- Health Savings Account
- Capital NOW Checking
- Capital Regular Money Market
- Capital Privilege IMMA

Amount Deposited: \$ _____

2.) Primary Account Holder

Name

Home Address

City State Zip

Home Phone

Email

Employer

Work Phone

Social Security Number

Date of Birth

Current or Previous Bank

Driver's License Number

Expiration Date Issuing State

The undersigned agree to the terms stated on every page of this application and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. I also acknowledge that I have received and read your disclosure statements and agree to the terms and conditions.

I certify, under penalties of perjury, that the Taxpayer Identification Number (TIN) shown above is my correct Taxpayer Identification Number. I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I am an exempt recipient under the Internal Revenue Service Regulations and that I am a U.S. person (including a U.S. resident alien).

Signature

Date

CUSTOMER IDENTIFICATION REQUIREMENT

The USA Patriot Act of 2001 requires financial institutions to take extra steps to prevent fraud, identity theft and the spread of terrorism. It requires us to obtain more information from an individual or legal entity to help establish identity.

Your cooperation and understanding is appreciated as we take the appropriate measures to ensure compliance with this important regulation.



Internal Use Only

Agreement # _____
Account # _____ Date _____

Opened By: _____
Branch: _____

JOINT ACCOUNT HOLDER (IF APPLICABLE)

1.) Account Information

Account Type

- Individual
- Joint (with Survivorship, and not as tenants in common)

Select Your Account

(See Personal Checking Options Insert for Details)

- Global Checking
- Free Checking
- Health Savings Account
- Capital NOW Checking
- Capital Regular Money Market
- Capital Privilege IMMA

Amount Deposited: \$ _____

2.) Joint Account Holder

Name

Home Address

City

State

Zip

Home Phone

Email

Employer

Work Phone

Social Security Number

Date of Birth

Current or Previous Bank

Driver's License Number

Expiration Date

Issuing State

The undersigned agree to the terms stated on every page of this application and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. I also acknowledge that I have received and read your disclosure statements and agree to the terms and conditions.

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Signature

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Internal Use Only

Agreement # _____

Account # _____ Date _____

Opened By: _____

Branch: _____

Account Transfer Request

(1) CLIENT INFORMATION

Name Joint Name

Last 4 Digits of SSN Last 4 Digits of Joint SSN

Address

City State Zip

Home Phone Work Phone

(2) PLEASE TRANSFER MY ACCOUNT FROM:

Name of Financial Institution

Address

City State Zip

Bank Routing Number and Account Number(s) at this Institution (please include a copy of voided check)

TRANSFER INFORMATION:

- Please transfer \$_____.
- Please transfer the entire amount and close my account.
- Please make this transfer immediately.
- Please make this transfer on ___/___/___
- Other

(continued)

(3) PLEASE TRANSFER MY FUNDS TO:

Capital Bank
1375 Washington Ave.
Albany, NY 12206
Attn: Client Service Representative
1-800-836-3711

I hereby direct you to transfer the following balance of my account you are currently maintaining to my new account at Capital Bank account number:

In the name(s) of:

CLIENT APPROVAL & AUTHORIZATION:

Client Signature

Date

Joint Client Signature

Date

Note to the Existing Financial Institution:

Please consider this request as a formal order of withdrawal and process immediately.

Direct Deposit Authorization

To:

Company Name

Company Address

City

State

Zip

For Social Security benefits, call 1-800-772-1213; direct deposit arrangements can be made over the telephone.

Effective immediately, I authorize the above company to begin using my account listed below for my direct deposit:

Bank: Capital Bank

Bank routing number: 021301115

Account number: _ _ _ _ _

Account type: Checking Savings Money Market

From:

Name

Address

City

State

Zip

Daytime Telephone Number

Signature

Last 4 Digits of Social Security/Tax Identification Number

Date

Personal Checking Options

Global Checking

Global Checking provides unlimited fee-free access to more than 1 million ATMs locally, nationally and world-wide. This account offers many additional benefits, including free checks, convenient web banking and bill pay, reduced interest rates on consumer loans and higher interest rates on CDs. If the following requirements are not met for the account each statement cycle, the account will be charged a fee for that statement cycle: 1) Receive a monthly e-statement 2) Receive at least 1 direct deposit 3) Make at least 8 VISA® Debit Card transactions. It's banking the way you want it, no matter where you are.

Free Checking

This account offers unlimited transactions with no monthly or per check fee, and no minimum balance requirements. Minimum deposit of \$25 is required to open an account. Account is subject to fees for transactions made at non-Capital Bank or non-Chemung Canal ATMs, Overdrafts and other banking services as listed in our Personal Account Fee Schedule.

Capital NOW Checking

Individuals, municipalities, and all organizations, associations and corporations that are organized as not-for-profit are eligible for a NOW account, which offers interest-bearing opportunities. Minimum average daily available balance to avoid a monthly fee is \$1,000.

Health Savings Account

If your business offers a high deductible health insurance plan, we can provide you with a Health Savings Account to help you save for future qualified medical expenses. Save for future qualified medical expenses on a tax-advantaged basis!

Capital Regular Money Market

This account provides you with the convenience of check-writing privileges while earning interest on the entire available balance. It also provides reasonable liquidity of investment funds. Clients may make up to 6 withdrawals per month with no fee. An unlimited number of withdrawals may be made if they are made in person, through an ATM, or by direct charge to pay loan payments at Capital Bank. The account will earn the current Capital Regular Money Market interest rate if the daily average available balance remains at \$1,000 or above. This is a variable interest rate account. Minimum average daily balance to avoid a monthly fee is \$1,000. Minimum deposit is \$1,000 to open.

Capital Privilege IMMA

For personal and business customers, a Capital Privilege IMMA can be opened with a minimum deposit of \$1,000. The interest rate for this account is tiered at the following levels:

- Less than \$25,000.00
- \$25,000.00 - \$99,999.99
- \$100,000.00 - \$199,999.99
- \$200,000.00 - \$499,999.99
- \$500,000 and over

Minimum average daily balance to avoid a monthly fee is \$5,000. This is a variable interest rate account. Clients may make up to 6 withdrawals per month with no fee. An unlimited number of withdrawals may be made if they are made in person, through an ATM, or by direct charge to pay loan payments at Capital Bank.

ACCESSORIES

VISA® Debit Card

You can access your Capital Bank checking account 24 hours a day around the world, both through automatic teller machines and 11 million merchant locations displaying the VISA® logo. Plus, you can enroll for free in our rewards program, which allows you to accumulate points when you sign for purchases using your Capital Bank VISA® Debit Card.

Web Banking

You can access all of your accounts, view balances and transactions, transfer funds, pay bills and more from the convenience of your home or office! You can also open new accounts online or apply for a consumer loan, mortgage or home equity loan. Plus, with our e-statements, we'll transmit your account statements to you online instead of through the mail, helping you reduce clutter and allowing you to file your statements electronically. Web Banking is safe, convenient and easy to use. Enroll for Web Banking now by visiting our web site at capitalbank.com

Bank Locations

Full-Service Offices

Albany

1375 Washington Avenue

Phone: (518) 434-1212

Albany

(Located in Shopper's Park)

145 Wolf Road

Phone: (518) 438-0046

Clifton Park

(Located at The Shops at Village Plaza)

7 Southside Dr.

Phone: (518) 579-2080

Latham

(Located in Newton Plaza)

594 Loudon Road

Phone: (518) 694-3670

Slingerlands

(Located in Price Chopper Plaza)

1365 New Scotland Road

Phone: (518) 694-5620

Automatic Withdrawal Change

To Whom It May Concern:

I have recently changed banks and, therefore, need to update my debit information. Please begin directly debiting my payment from my new account:

Bank: Capital Bank

Bank routing number: 021301115

Account number: _ _ _ _ _

Account type: Checking Savings

As of _____ (effective date of change)

From:

Name

Address

City

State

Zip

Daytime Telephone Number

Signature

Last 4 Digits of Social Security/Tax Identification Number

Date

Member FDIC