

# 3 STEPS

to take your banking *A Step Ahead*

*Switch Kit*

Follow these three easy steps to switch your account to Leader Bank:

## 1. Open Your New Leader Bank Checking Account

Fill out the *Checking Account Application* to open your Leader Bank checking account. Bring the form to any of our branches, fax to 781-646-3910, or mail it to Leader Bank, Attn: Marketing, 180 Massachusetts Avenue, Arlington, MA 02474. You also have the option to have funds from your old account automatically debited from your old account into your new account - just fill out the *Authorization to Transfer Funds* form and submit to a Leader Bank representative.

## 2. Move Your Transactions to Your New Account

For payroll direct deposit, fill out the *Direct Deposit Agreement* form and bring it to your employer's payroll department. To set up Social Security direct deposit, fill out the *Go Direct* form and give to a Leader Bank Personal Banker. We'll take care of the rest for you!

Use the enclosed *Authorization for Automatic Payment / Withdrawal Change* form to contact any company with whom you have automatic payments.

## 3. Close Your Old Account

Submit the *Authorization to Close Account* form to your old financial institution to close out your account. We can even send it in for you! Make sure that all outstanding checks have cleared and that your direct deposits and automatic payments have transferred before closing to avoid fees from your old bank. Your financial institution can send a check directly to us to deposit any remaining funds into your new account.

**Too much trouble or don't have the time? We will fill out the forms for you! Stop by one of our convenient branch locations and we'll help you make the switch.**



www.leaderbank.com  
781-646-3900  
Toll Free 1-877-691-7900

## *Frequently Asked Questions*

### **What do I do with my old checks?**

Bring them with you - we'll shred and recycle them for you.

### **Do I have to buy more checks?**

No! Your first order of 50 Leader Bank checks is free.

### **What about free checking?**

Leader Bank's A Step Ahead Checking Account is free! No monthly service charges, no minimum balance requirement. Open with as little as \$10.00.

## *Step Anywhere Checking Account Benefits*

- No monthly fee and no minimum balance requirement
- Access to a no fee, high yield savings account
- Set up customized e-alerts to notify you of balance activity
- Free Online Banking and Bill Pay
- Extended ATM network with the SUM network and ATM fee reimbursement
- Reach a live person when you call who will be eager to provide you personalized service
- Fast-growing, community-conscious bank

Leader Bank will reimburse up to \$8 per month in ATM fees charged by other banks. Some restrictions apply, see a Leader Bank representative for details. Leader Bank reserves the right to discontinue without notice. MA residents only.

## *Branch Locations*

East Arlington: 141 Massachusetts Ave  
Arlington Center: 449 Massachusetts Ave  
Central Sq. Cambridge: 675 Massachusetts Ave  
Belmont: 363 Pleasant St  
Burlington: 50 Mall Rd

Member FDIC Equal Housing Lender

## MAKE THE SWITCH TO LEADER BANK

### Switch Kit Checklist

#### Open Your Account at Leader Bank

- Open your Leader Bank Account.** Stop by any branch or fill out the enclosed application form and fax or mail to us. Use the *Authorization to Transfer Funds From Your Old Account* form to add funds to your new account.
- Switch your direct deposits** to your Leader Bank checking account. Complete the *Direct Deposit Agreement* form and give it to your employer. If you have Social Security direct deposit or another government direct deposit, complete the *Go Direct* form and we can submit it for you.

**Common Direct Deposits:**

- Employee Payroll
- Social Security
- Investment Incomes
- Pension / Retirement

- Move your online bill payments** or enroll in free online bill pay. Bring in your bills and we can help you set up your payees.
- Change automatic payments and deposits** using the *Authorization for Automatic Payment/ Withdrawal Change* form. Don't forget about payments that use your old debit card number, such as a health club or internet service provider.

**Common Online Bill Payments and/or Automatic Payments:**

- Auto Loans
- Electricity
- Investments
- Cable / Satellite TV
- Garbage Pick-Up
- IRA / Retirement
- Cell Phone / Telephone
- Gas / Oil
- Mortgage / Rent
- Charities
- Health Club
- Credit Cards
- Insurance
- Water / Sewer
- Day Care
- Internet Service Provider
- Personal / Student Loans
- Savings

#### Close Your Old Account

- Stop using your old account.** Leave enough money to cover outstanding checks or withdrawals, which could take up to 10 days to clear.
- Destroy any unused checks, deposit slips and ATM / Debit Cards** for your old account. Don't have a shredder at home? Bring them to any one of our branches and we'll shred them for you.
- Close your old account.** Complete the *Authorization to Close Account* form and we can submit it for you. Your old bank will mail us a check with any remaining funds that we can automatically deposit into your new account. No face-to-face confrontation necessary!

# Step Anywhere Relationship

## STEP ANYWHERE CHECKING ACCOUNT

*with direct deposit provides:*

- No monthly fee and no minimum balance required
- Free online banking and online bill payment
- Free access to your money from ATMs ANYWHERE\*
- Free first order of checks
- Free traveler's checks
- Free coin counting
- Free notary service

## STEP ANYWHERE SAVINGS ACCOUNT

# 1.05% APY\*

*For balances from \$10 to \$100,000*



[www.leaderbank.com](http://www.leaderbank.com)

**East Arlington** 141 Massachusetts Ave 781-641-3900 • **Arlington Center** 449 Massachusetts Ave 781-641-0020  
**Belmont** 363 Pleasant St 617-489-5100 • **Burlington** 50 Mall Rd 781-221-1700  
**Central Square Cambridge** 675 Massachusetts Ave 617-497-2500

\*Annual Percentage Yield guaranteed through 6/30/12; afterwards rate is variable and subject to change without notice. \$10 minimum balance to open accounts and earn APY. Balances over \$100,000 will receive the Statement Savings APY, currently 0.20% and subject to change without notice. Leader Bank will reimburse up to \$15 per month of ATM fees charged by other banks. Customer must agree to receive e-statements and make a minimum of one direct deposit per month into the checking account to be eligible. If e-statement and/or direct deposit requirements are not met the account will be converted to a Step Ahead Checking and Statement Savings account. Leader Bank reserves the right to discontinue without notice. MA residents only.

 **Member**  
**FDIC**  
Lender NMLS# 449250



141 Massachusetts Avenue, East Arlington | Tel: 781-641-3900 Fax: 781-646-2857  
 449 Massachusetts Avenue, Arlington Center | Tel: 781-641-0020 Fax: 781-648-3054  
 675 Massachusetts Avenue, Central Square Cambridge | Tel: 617-497-2500 Fax: 617-497-2503  
 363 Pleasant Street, Belmont | Tel: 617-489-5100 Fax: 617-484-0492  
 50 Mall Road, Burlington | Tel: 781-221-1700 Fax: 781-272-4467

## Application for Checking, Savings, Money Market, or Certificate of Deposit

<b>What type of account(s) do you wish to open?</b>			
<input type="checkbox"/> Step Anywhere Checking	<input type="checkbox"/> Step Ahead Checking	<input type="checkbox"/> Kid's Bank Club	<input type="checkbox"/> Step Ahead Money Market
<input type="checkbox"/> Step Anywhere Savings	<input type="checkbox"/> Statement Savings	<input type="checkbox"/> Passbook Savings	<input type="checkbox"/> Certificate of Deposit
<b>What type of Certificate of Deposit do you wish to open?</b>			
<input type="checkbox"/> 5 Year	<input type="checkbox"/> 18 Month	<input type="checkbox"/> 9 Month	
<input type="checkbox"/> 4 Year	<input type="checkbox"/> 15 Month	<input type="checkbox"/> 8 Month	
<input type="checkbox"/> 3 Year	<input type="checkbox"/> 12 Month	<input type="checkbox"/> 6 Month	
<input type="checkbox"/> 2 Year	<input type="checkbox"/> 10 Month	<input type="checkbox"/> 1 to 3 Month	
<b>Ownership of Account - Consumer Purpose</b>			
<input type="checkbox"/> Individual		<input type="checkbox"/> Joint	
		<input type="checkbox"/> Trust - Separate Agreement	
<b>Initial Deposit Information</b>			
Initial Deposit (Min. \$10):    \$			
<i>If you are making your initial deposit via check, please make the check payable to: <b>Leader Bank, NA for account of [Your Name]</b></i>			
<b>Primary Applicant Information</b>			
Name (First/MI/Last):			
Social Security Number:		Date of Birth:	
Primary ID:	Exp. Date:	Issue Date:	
Secondary ID:			
Home Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
Home Telephone:		Work Telephone:	
E-mail Address:			
Employer:			
<b>Joint Applicant Information</b>			
Name (First/MI/Last):			
Social Security Number:		Date of Birth:	
Primary ID:	Exp. Date:	Issue Date:	
Home Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
Home Telephone:		Work Telephone:	
E-mail Address:			
Employer:			

<b>Beneficiary (Complete only if there is a beneficiary)</b>		
Name (First/MI/Last):		
Social Security Number:	Date of Birth:	
Address:		
City:	State:	Zip Code:
Relationship:		
<b>General Information</b>		
Do you own your own home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own your own business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What types of bank products do you use?		

**DISCLOSURES**

Government regulations require that we make the following disclosures available to you when you apply for an account with Leader Bank. You may also view these disclosures online at [http://www.leaderbank.com/disclosure\\_deposit\\_account.asp](http://www.leaderbank.com/disclosure_deposit_account.asp)

**BACKUP WITHHOLDING CERTIFICATIONS**

Primary Applicant MUST input their social security number in the box below. Failure to do so will cause delays in the opening of your new account.

TIN:
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**By my signature below, I acknowledge and certify the following:**

- Taxpayer ID Number:** The taxpayer identification number shown above (TIN) is my correct taxpay identification number.
- Backup withholding:** I am not subject to backup withholding either 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.
- Exempt Recipients:** I am an exempt recipient under the Internal Revenue Service regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including U.S. Resident Alien).

Everything I have stated is correct to the best of my knowledge. I understand that Leader Bank will retain the application whether or not it is approved. Leader Bank is authorized to request consumer reports containing credit and other information about me from third parties such as credit bureaus.

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deposit Account Disclosure**

I, (we) severally, agree to be bound by present or future by-laws, regulations or procedures of Leader Bank, which are or may become applicable to this Account.

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Leader Bank, N.A.  
180 Massachusetts Avenue  
Arlington, MA 02474  
Tel. 781-646-3900 / Fax 781-646-3910  
www.leaderbank.com

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize \_\_\_\_\_ [or "Employer"] to initiate automatic deposits to my account at the financial institution named below. I also authorize the Employer to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Employer receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Customer Information

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

Social Security Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

Name of Financial Institution: **Leader Bank, N.A.** Routing Number: **011307129**

New Account #: \_\_\_\_\_  Checking  Savings

Please attach a voided check or deposit slip and submit this form to your Employer's Payroll Department. Your employer may have another form for you to complete.

*Please do not use this form for any government agency checks.  
A separate form is provided for that purpose in this package.*





Leader Bank, N.A.  
180 Massachusetts Avenue  
Arlington, MA 02474  
Tel. 781-646-3900 / Fax 781-646-3910  
www.leaderbank.com

### Authorization for Automatic Payment/ Withdrawal Change

**TO:** Company Name: \_\_\_\_\_

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

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

**FROM:** Name: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### To Whom it May Concern:

This letter serves as a request to have my automatic payment/withdrawal transferred to my account with Leader Bank.

**The automatic payment/withdrawal is currently debited from my account with:**

Name of Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_

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

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

Old Account Number: \_\_\_\_\_

**I hereby authorize you to make future automatic payments/withdrawals from my new account with Leader Bank:**

Name of Financial Institution: **Leader Bank, N.A.** Routing Number: **011307129**

Address: **180 Massachusetts Avenue, Arlington, MA 02474**

New Account Number: \_\_\_\_\_  Checking  Savings

Sincerely,

\_\_\_\_\_  
Signature of Account Holder Date





Leader Bank, N.A.  
180 Massachusetts Avenue  
Arlington, MA 02474  
Tel. 781-646-3900 / Fax 781-646-3910  
www.leaderbank.com

### Authorization to Close Account

**TO:** Name of Financial Institution: \_\_\_\_\_

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

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

**FROM:** Name: \_\_\_\_\_

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

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

**Please close the following account(s) that I/we have with your financial institution:**

Account Number: \_\_\_\_\_  Checking  Savings  Other

Account Number: \_\_\_\_\_  Checking  Savings  Other

Account Number: \_\_\_\_\_  Checking  Savings  Other

Account Number: \_\_\_\_\_  Checking  Savings  Other

**Please forward any remaining funds in the form of a check to:**

Leader Bank, N.A.  
141 Massachusetts Avenue  
Arlington, MA 02474

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

**I hereby authorize the closing of the account(s) listed above. All my checks have cleared the account and all direct deposits and automatic payments have been stopped.**

Signature of Account Holder #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Holder #2 \_\_\_\_\_ Date \_\_\_\_\_





Leader Bank, N.A.  
180 Massachusetts Avenue  
Arlington, MA 02474  
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www.leaderbank.com

## Authorization to Transfer Funds From Your Old Account

*Complete this form to have Leader Bank withdraw funds from your old account and deposit into your new Leader Bank account.*

### Personal Information

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

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

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

Debit Amount: \$ \_\_\_\_\_

Leader Bank Account Number \_\_\_\_\_

### Old Financial Institution Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

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

Old Account Number: \_\_\_\_\_

Checking

Savings

Other

### Authorization

**I/We authorize Leader Bank, N.A. to withdraw funds from my/our bank account identified above for the purpose of accomplishing the above mentioned payments. My/our account will remain subject to its individual term and conditions, which are not modified by this authorization. I/We acknowledge that the origination of this transaction must comply with the provisions of U.S. law.**

Signature of Account Holder #1 \_\_\_\_\_

Date \_\_\_\_\_

Signature of Account Holder #2 \_\_\_\_\_

Date \_\_\_\_\_





**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.