



Switch Center Services Authorization Form

Our dedicated Switch Services agents manage your transition to Santander easily, accurately and securely. Just fill out this application and enroll at your local branch or call the Switch Services Team at 1.888.875.5089.

Name _____

Address/City/State/Zip _____

Phone _____ Email _____

Routing Number _____ Account Number _____

Employer _____ City _____ State _____

Employer Phone Number _____ Employee ID Number _____

Services Selected Direct Deposit BillPay Automatic Payments

If Direct Deposit is selected, please complete the following:

Account Type Checking Savings

Deposit Amount Net Pay Other _____

If Direct Deposit is selected, I authorize Santander Bank, N.A. ("Bank") to contact my employer for the purpose of transferring the direct deposits of my paycheck or pension to my Bank account. I authorize the above named employer to immediately begin depositing my paycheck or pension in the Bank account(s) identified above. It is agreed that these deposits and any necessary adjustments may be made electronically and under the rules of the National Automated Clearing House Association. Invalid or erroneous transactions posted to my account may be reversed. This authorization replaces any previous authorization and will remain in full force and effect until the employer named above has received written notification from me of its termination in such time to afford the employer a reasonable opportunity to act. I am aware that, even though I am providing the Bank with this authorization, the employer may nevertheless require that I interact with them directly or use their own form.

If Automatic Payment(s) and or Bill Pay is selected, I authorize the Bank to execute on my behalf any documentation necessary to arrange for a transfer of automatic payment(s), one time or recurring Bill Pay transfer (s) from my current bank account(s) to the checking account noted above. I also authorize the Bank to contact any company that originates or collects these automatic or recurring payments. The scope of this authorization is limited exclusively to the provision of these services and shall expire ninety (90) days from the date I sign below. I understand this authorization does not change any of the underlying contractual terms or conditions that I have with any such third parties that I am authorizing the Bank to interact with on my behalf. I am aware that, even though I am providing the Bank with this authorization, the companies the Bank contacts on my behalf may never the less require that I interact directly with them.

Signature _____ Date _____

Branch Submitter Information		
Team Member Name:	RetlBkgSrPersonalBkgRep:	Date:
Telephone Ext.:	Cost Center #:	Mail Code:

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