

SWITCHING BANKS HAS NEVER BEEN EASIER

1. Eagle National's switch kit has everything you need to make switching banks simple. Fill out all necessary forms in the kit.

REQUIRED FORMS:

- New Account Sign-Up Sheet
- Account Closure Request

OPTIONAL FORMS:

- Automatic Transfer Authorization form
- Direct Deposit Sign-Up form
- Bill Payment information
- Eaglenet Banking Instructions

2. You can submit the New Account Sign-Up sheet ahead of time, by e-mailing it to eaglenet@eaglenational.com or faxing it to one of the numbers listed below. The Eagle National staff will start the process of setting up the account before you even enter the branch.
3. At your convenience, come into any of our five branches with 2 forms of valid ID and our employees will finish the process of setting up your new account with Eagle National Bank. It is quick and hassle-free!

UPPER DARBY

Phone: 610.853.4805

Fax: 610.853.2562

LANSDOWNE

Phone: 610.284.5675

Fax: 610.284.0675

HAVERFORD

Phone: 610.645.6913

Fax: 484.455.2988

WEST CHESTER

Phone: 610.696.3262

Fax: 484.455.2979

DEVON

Phone: 484.581.2074

Fax: 484.455.2969

Visit our website to contact us if you have any questions or browse the site to find out more about Eagle National Bank.

eaglenet@eaglenational.com

NEW ACCOUNT SIGN-UP SHEET PAGE 1 OF 2*Tell us about yourself!***The following information is necessary to open your new account:****PRIMARY ACCOUNT HOLDER**

Name: (first, MI, last) _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

(If different from home address)

Home Phone: _____ Work Phone: _____

E-mail Address: _____ *(A customer service representative will contact you within 24 hours.)*

Employer Name: _____

Employer Address: _____

Required Identification (to be completed by representative upon account opening)

ID#1	Issue Date	Expiration Date
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ID#1	Issue Date	Expiration Date
------	------------	-----------------

Signature of Customer Date

Signature of Representative Date

*Additional information may be required upon account opening.

**Representatives please note that a W-9 will still need to be completed and signed by the customer(s).

NEW ACCOUNT SIGN-UP SHEET PAGE 2 OF 2

Tell us about yourself!

The following information is necessary to open your new account:

SECONDARY ACCOUNT HOLDER

Name: (first, MI, last) _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

(If different from home address)

Home Phone: _____ Work Phone: _____

E-mail Address: _____ *(A customer service representative will contact you within 24 hours.)*

Employer Name: _____

Employer Address: _____

Required Identification (to be completed by representative upon account opening)

ID#1	Issue Date	Expiration Date
------	------------	-----------------

ID#1	Issue Date	Expiration Date
------	------------	-----------------

Signature of Customer Date

Signature of Representative Date

***Additional information may be required upon account opening.**

****Representatives please note that a W-9 will still need to be completed and signed by the customer(s).**

ACCOUNT CLOSURE REQUEST

To Whom It May Concern: _____ Date: _____

This letter is to give you permission to close out my/our account(s) listed below.

Existing Accounts to be Closed:

Financial Institution's Name: _____

Address: _____

Accounts to be closed:

ACCOUNT TYPE	ACCOUNT NUMBER	ACCOUNT TITLE

My/our contact information:

Mailing Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

My/our contact information:

Eagle National Bank

8045 West Chester Pike, Upper Darby, PA 19082

(610) 853-4800

Account # _____

Account Owner Printed Name: _____

Account Owner Signature: _____ Date: _____

Account Owner Printed Name: _____

Account Owner Signature: _____ Date: _____

YOUR BILL PAYMENT INFORMATION

As bills come in this month, use this handy worksheet. Then you will have all the necessary information for Eagle National Bank's FREE EagleNet Bill Pay.

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

Company Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Date Due* _____ Payment Amount _____

* Please allow a minimum of 5 business days for payment to reach your payee.

Upper Darby • Lansdowne • Haverford • West Chester • Devon
eaglenet@eaglenational.com 610 853 4800

DIRECT DEPOSIT SIGN-UP FORM

NAME OF PAYEE (FIRST, MI, LAST)	TYPE OF DEPOSIT ACCOUNT Checking Savings
ADDRESS	ACCOUNT NUMBER -----
CITY STATE ZIP	TELEPHONE NUMBER ()

EMPLOYER NAME	EMPLOYEE IDENTIFICATION NUMBER
ADDRESS	CITY STATE ZIP
TELEPHONE NUMBER ()	ATTENTION

FINANCIAL INSTITUTION INFORMATION

Eagle National Bank
 8045 West Chester Pike, Upper Darby, PA 19082
 Routing Number
031902041

FINANCIAL INSTITUTION CERTIFICATION (IF REQUIRED BY EMPLOYER)	
PRINT REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE
TITLE OF REPRESENTATIVE	TELEPHONE NUMBER ()

Signature of Account Holder	Date
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FIRST TIME LOG IN INSTRUCTIONS FOR EAGLENET BILL PAY

Thank you for choosing Eagle National Bank's FREE EagleNet bill pay. In order to sign up for bill pay service please follow the instructions below.

1. Go to our website, www.eaglenational.com
2. Click on the "Bill Pay" icon located on the left side of the screen
3. Click on "Enroll"
4. Complete step 1 of the enrollment form
5. Click next
6. Complete step 2
7. Click next
8. Complete step 3
9. Review all of the information
10. Click continue
11. You will receive an enrollment confirmation and will be notified by email within 72 hours that all of your information has been verified and you are able to start using Eagle National Bank's free bill pay service.

*Your Password must contain at least 7 and no more than 12 characters. There must be at least 1 upper case character, 1 lower case character and 1 number in your Password. **Please note:** passwords are case sensitive.

FIRST TIME LOG IN INSTRUCTIONS FOR EAGLENET BANKING

Thank you for signing up for EagleNet Banking, our internet banking service. To access your account online, please follow the instructions below.

1. Go to our website, **www.eaglenational.com**
2. Click on **“First-Time Users”** on the left-hand side of the screen
3. Enter your **account number as your access ID**
4. Use the drop down menu to **specify the type of account** you entered
5. Enter the **last four digits of your social security/Tax ID number as the password**

After you login for the first time, the system will prompt you to set a personalized User ID and Password. Your Password must contain at least 7 and no more than 12 characters. There must be at least 1 upper case character, 1 lower case character and 1 number in your Password. **Please note:** Passwords are case sensitive.

* **Please note that if you would like to take advantage of our free EagleNet Bill Pay service, you will have to return to our homepage and click on “Bill Pay” located under “First-time users”.**