

MAKE THE SWITCH

The First State Bank & Trust Switch Kit can help you make the transition to a new checking account quick and easy. Just follow the steps below to get the process started:

1. **Open a First State Bank & Trust checking account** – FSB&T offers unique checking account options designed to meet your needs. An account representative at one of our four locations will help you through the opening process. To expedite the paperwork, the New Account Application below can be printed, filled out and faxed or mailed to the nearest banking center. Addresses and fax numbers are listed on the Contact Us page.
2. **Discontinue use of your old checking account** - Balance your account and make sure that enough funds are available to cover any outstanding checks, debit card transactions and upcoming withdrawals.
3. **Switch your Direct Deposits** - Send our **Direct Deposit Request Form** to any direct deposit vendors that you may have, including payroll from your employer, Social Security or other government deposits, CD interest payments, Child Support deposits, etc. *You will need to send one form for each company with which you have an arrangement for direct deposit.*
4. **Switch your Automatic Payments** - Send our **Automatic Payment Request Form** to any companies that you are paying through automatic payment/withdrawal. This will provide them with your new First State Bank & Trust checking account information. This may include Utilities and other payments including Gas, Electric, Phone, Water, Cable/Satellite, Loans, Mortgages, Child Support, Insurance, Cellular service, and much more. *You will need to send one form for each company with which you have an arrangement for automatic withdrawal.*
5. **Close your old account** - Send our **Close Account Request Form** to the financial institution where you are closing your old checking account. Make sure all checks have cleared and that there is no more activity on the account.

New Account Application-Personal



Type of Account: Checking
 Savings
 Money Market
 Certificate of Deposit
 NOW Account

Type of Ownership: Individual
 Joint-With Survivorship (not as tenants in common)
 Joint-No Survivorship (tenants in common)
 Revocable Trust or Pay-On-Death Beneficiary

Name _____

Address _____

Phone: Home _____ Work _____ Cell _____

Employer _____

Position/Title _____ Length of Employment _____

Work Address _____

Social Security # _____ Date of Birth _____

Drivers License # _____ State _____ Expires _____

E-mail _____

Joint Owner-Name _____

Address _____

Employer _____

Phone: Home _____ Work _____ Cell _____

Position/Title _____ Length of Employment _____

Work Address _____

Social Security # _____ Date of Birth _____

Drivers License # _____ State _____ Expires _____

E-mail _____

I certify that everything I have stated in this application is correct.

Signature

Date

DIRECT DEPOSIT REQUEST FORM

Company Making Direct Deposits

Company Address City State Zip

Company Phone Company Fax

Account Holder's Name

Address City State Zip

Home Phone Work Phone

To Whom It May Concern:

You are currently making a direct deposit to the following account:

Financial Institution Name: _____

Routing Number for Institution: _____

Account Number: _____

As of _____ (date), please start making this automatic deposit into my account at:

First State Bank & Trust Co.

Routing Number: 101101992

Account Number: _____

If you have any questions about this request, please contact me at _____.

Signature _____ Date _____

Complete and send this form to each employer or payer with which you have an arrangement for deposits into your account.

AUTOMATIC PAYMENT REQUEST FORM

Company Making the Automatic Withdrawal

Company Address City State Zip

Company Phone Company Fax

Account Name Account Number

Address City State Zip

Home Phone Work Phone

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my
_____ (what the payment is for) from

Financial Institution Name: _____

Routing Number for Institution: _____

Account Number: _____

As of _____ (date), please start making this automatic withdrawal from my new account at:

First State Bank & Trust Co.

Routing Number: 101101992

Account Number: _____

If you have any questions about this request, please contact me at _____.

Signature _____ Date _____

Complete and send this form to each company where you have an arrangement for automatic withdrawal.

CLOSE ACCOUNT REQUEST FORM

Bank/Other Financial Institution Name

Address

City State Zip

To Whom It May Concern:

Please accept this letter as authorization to close account #_____ at your institution and send a check for the remaining balance to my address below. If you have any questions, please contact me at _____.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address

Name: _____

Address: _____
