CHOOSE THE BETTER WAY TO BANK!

First State Bank & Trust can help you open a new checking account quickly and easily. Just follow the 3 simple steps below to get the process started:

To open a First State Bank & Trust checking account – We offer unique checking account options designed to meet your needs.

A. Print the New Account Application below
B. Complete the information requested
C. Get it to us! Fax, scan, mail or bring it in to a location near you (Addresses and fax numbers are listed on the Contact Us page)

One of our personal bankers will contact you to complete the process, upon approval.

If you’re switching accounts from another financial institution, just let your personal banker know. We’ll be happy to take care of the paper work for you! If you prefer to complete that transaction on your own, we’ve got the forms to help you!

The Direct Deposit Request Form can be sent 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. Note that you will need to send one form for each company with which you have an arrangement for direct deposit.

The Automatic Payment Request Form can be sent to any companies that you currently paying through automatic payment or withdrawal. This may include Utilities payments (Gas, Electric, Phone...) Television Providers, Lenders, Mortgages, Insurance, etc. This will transition them over to your new First State Bank & Trust checking account. Note that you will need to send one form for each company with which you have an arrangement for direct deposit.

Finally, the Close Account Request Form should be sent to the financial institution where you be closing your account(s). Make sure to balance your account so that enough funds are available to cover any outstanding checks, debit card transactions and upcoming withdrawals. They will send you a check for any remaining balance.
Personal Deposit Account Application

Account Type Information:

Type of Account:
- [ ] Transaction Accounts (choose one below)
  - [ ] Basic Checking
  - [ ] SmartChoice
  - [ ] Preferred Account
- [ ] Savings Accounts (choose one below)
  - [ ] Savings
  - [ ] Money Market
  - [ ] Certificate of Deposit

Ownership:
- [ ] Individual
- [ ] Joint with Rights of Survivorship
- [ ] Trust

Title of Account: ____________________________

Applicant Information:

First Name: ____________________________ Middle: ____________________________ Last: ____________________________
Address: ____________________________ Date of Birth: ____________________________
City, State, Zip: ____________________________ Soc Sec Number: ____________________________
Home Phone #: ____________________________ Cell Phone #: ____________________________
Email Address: ____________________________
Employer: ____________________________ Occupation: ____________________________
Title/Position: ____________________________ # Years: ____________________________
Work Phone #: ____________________________

Other Applicant Information:

- [ ] Joint Owner
- [ ] Authorized Signer
- [ ] Payable on Death Beneficiary
- [ ] Power of Attorney
- [ ] Other: ____________________________

First Name: ____________________________ Middle: ____________________________ Last: ____________________________
Address: ____________________________ Date of Birth: ____________________________
City, State, Zip: ____________________________ Soc Sec Number: ____________________________
Home Phone #: ____________________________ Cell Phone #: ____________________________
Email Address: ____________________________
Employer: ____________________________ Occupation: ____________________________
Title/Position: ____________________________ # Years: ____________________________
Work Phone #: ____________________________

Certification:

By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you. I certify that everything stated in this application is correct.

__________________________ ____________________________
Print Name Print Name
__________________________ ____________________________
Signature Signature
__________________________ ____________________________
Date Date
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: ________________________________

________________________________________________________________________
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.
7206 College Boulevard
Overland Park, Kansas  66210
Routing Number: 101101992
Account Number: ____________________

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

Signature ______________________________________________ Date ___________________
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.
7206 College Boulevard
Overland Park, Kansas  66210
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.*