

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

Term: _____

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

Power of Attorney

Payable on Death Beneficiary

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: _____

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.
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 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.
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.