

### Easy Switch Process

#### It's easy to make the switch to Farmers State Bank.

Our printable switch kit provides all the necessary forms required to open your new Farmers State Bank account and transfer your existing personal account (s), including automatic deposits/payments to Farmers State Bank.

Simply print and fill out the forms below and bring them in to a New Accounts Representative at your nearest Farmers State Bank branch. We'll take care of the rest!

#### Switch kit includes:

- **Customer Information Form** have the Customer Information Form filled out when you come in to open your Farmers State Bank accounts.
- Automatic Payment Checklist Items to be reviewed before closing your existing account
- **Direct deposit / Automatic payment authorization forms** Use these forms to transfer direct deposit / automatic payments to your new Farmers State Bank account. If you have regular direct deposits to your account (paycheck, Social Security funds, etc.) or automatic withdrawals (car payment, insurance, etc.) you will want to notify the company or organization that generates t hose transactions of the recent change to your account.
- **Account closure letter** Use this form to provide notice and authorization to your former bank to close your account(s) and issue a check for the remaining balance(s). Please allow time for any outstanding checks, final direct deposits and/or automatic withdrawals to clear, before you close your account.

#### **Account Closure Checklist**

Before closing your account, make sure the following have been completed:

- All checks have cleared your existing account
- All automatic withdrawals and deposits have been switched to your new Farmers State Bank account and have cleared your existing account
- Remaining checks, deposit slips, debit and ATM cards have been destroyed





# Easy Switch Process

CUSTOMER INFORMATION FORM							
PR	IMARY ACC	COUNT HOLD	ER				
Name:							
Street Address:							
City:	State:	State: Zip:					
Home Phone:	Work Pho	ne:		Mobile Phone			
Driver's License #:		DL Expiration	n Date	:			
Employer:		Position/Title	e:				
Email Address:							
JOINT AC	CCOUNT HO	OLDER (IF APF	PICAB	LE)			
Name:							
Street Address:	<b>.</b>						
City:	State:			Zip:			
Home Phone	Work Phone:			Mobile Phone:			
Driver's License #:		DL Expiration Date:					
Employer:	oyer:			Position/Title:			
Email Address:							
		AND SERVICE					
Accounts and Services that you cu	rrently use ☑ FSB		sted i	n:			
☐ Regular Checking Account	SHAZ	SHAZAMCHECK*		onsumer Loan*			
☐ Money Market	_	✓ Internet Banking		lortgage Loan*			
☐ Savings Account		☐ Online Bill Pay		☐ Home Equity Loan*			
_	☐ Saf	☐ Safe Deposit					
☐ Individual Retirement Account	Вох	Вох		□ Other			
☐ Certificate of Deposit	*Pendin	*Pending approval					





### Easy Switch Account Opening Information

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Two pieces of identification are required at account opening. At least one form must be primary. Contact your local Farmers State Bank for questions on other forms of acceptable identification.

<u>Primary Identification:</u> Valid state Drivers License / ID card, Passport, Military ID <u>Secondary Identification:</u> Credit / debit card, School ID, Work ID

Non US citizens must present two of the following: Passport, US taxpayer identification card, Alien Identification card, valid state driver's license or ID.

#### Finding Routing Number and Account Number on Your Check







### Easy Switch Kit

Making the switch to Farmers State Bank as easy as possible

Use this form to gather all of your auto pay and deposit information in one place for easy reference.

### **Automatic Payment Checklist**

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Credit Cards				
Gas/Oil				
Electric				
Cable/TV				
Telephone				
Cell Phone				
Water				
Trash Removal				
Internet Provider				
Health Club				
Investments				
IRA/Retirement				
Charities				
Daycare				
Tuition/School	_			
Expense				
Other				

## **Direct Deposit Checklist**

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pensions(s)/Retireme				
nt Plans				
Social Security				
Investments Incomes				
Other				

## **Helpful Phone Numbers and Web sites**

Social Security Administration	800-772-1213	www.ssa.gov
Office of Personnel Management	888-767-6738	www.opm.gov
Railroad Retirement Board	800-808-0772	www.rrb.gov
Department of Veterans Affairs	877-838-2778 or 800-827-1000	www.va.gov





## Easy Switch Direct Deposit Payroll

This form authorizes an employer to deposit payroll or other checks into your new Farmers State Bank account. Please complete one form for each automatic deposit you wish to change.

Employer Name		
Employer Address		
City/State/Zip		
Employer ID Number		Attach a Farmers State Bank
I have opened a new account at Fa  ☐ Existing Direct Deposit ☐ No to my new Farmers State Bank account at Farmers State Bank		Voided Deposit Ticket here
Farmers State Bank Account Num	nber	
101202503 Farmers State Bank Routing Num	her	
_		
From:		
Name		
Address		
City/State/Zip		
Social Security Number		
Phone Number		
Signature	Date	

Member FDIC





## Easy Switch Automatic Payment

Utilize this form to notify a company of your request to redirect your automatic payment to your new Farmers State Bank account. Please complete one form for each automatic payment you want to change.

То:		
Company / Organization Name	_	
Company Address	[	
City/State/Zip	_	
Subject Account Number	_	Attach a
To whom it may concern;		Farmers State Bank
I have opened a new account at Farmers State Bank. Please automatic payment for the above account to my new Farme account.		Voided Check here
Farmers State Bank Account Number ☐ Checking ☐ Sav	ings	
101202503 Farmers State Bank Routing Number		
From:		
Name	_	
Address	_	
City/State/Zip	l	
Social Security Number		
Phone Number	_	
Signature Date	_	



# Account Closure Request Form

To:								
Financial Institution N	Name							
Address								
City, State, Zip								
From:Your Name								
Tour Name								
Your Address								
City	State		Zip					
To whom it may conce	ern;							
Please accept this lette institution.	er as authorizatio	on to	close th	e followi	ing acco	ount(s)	with your	financial
Account #		e			_			
Account #	Тур Тур	e e			_ _			
Please send any funds request, please contac							estions al	out this
Signature		 Date			_			
Printed name								
Signature		 Date			_			
Printed name								

