

# Account Switch Checklist

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You may check the boxes next to the items you've completed (if any), then print out and keep this checklist handy. As you continue completing items, simply check off the boxes on your printed copy.

- Make sure all checks have cleared on your Checking account.
- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.
- Double check maturity dates of accounts in order to avoid possible penalties.
- Send notice to your direct deposit vendors (payroll, Social Security, CD interest payments, etc.) of the change in your relationship.
- Send notice to your vendors who automatically take your payments from your Checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account.\*
- Send notification of new account information to vendors with whom you want to continue to generate automatic withdrawals instead of paying by Bill Pay; or use this notification to start a new automatic payment with a vendor.
- Send notice to the financial institution that you are closing the account.

**\* A form is available in this Switch Kit for switching purposes.**

# New Account Information

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Email \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

*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 that 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.*

*The State Bank*

1902 Hill Avenue  
Spirit Lake, IA 51360  
Phone: 712-336-2455  
Fax: 712-336-2463

101 N State Street  
Terril, IA 51364  
Phone: 712-853-6200  
Fax: 712-853-6201

# Automatic Withdrawal/Deposit Checklist

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Fax: 712-336-2463

101 N State Street  
Terril, IA 51364  
Phone: 712-853-6200  
Fax: 712-853-6201

Name of Company	Account Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

# Automatic Deposit Change Form

Date \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

This letter is to inform you that I have closed my Checking/Savings Account at the following:

Previous Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby authorize automatic deposit into my new account at:

The State Bank, 1902 Hill Ave, PO Box G, Spirit Lake, IA 51360

Routing Number: 073920997

Checking Account # \_\_\_\_\_ Savings Account# \_\_\_\_\_

If you have any questions about this request, please contact me at (\_\_\_\_\_) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
City, State, Zip

# Automatic Withdrawal Change Form

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account/Customer Number: \_\_\_\_\_

To Whom It May Concern:

This letter is to inform you that I have closed my Checking/Savings Account at the following:

Previous Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby authorize automatic withdrawals from my new account at:

The State Bank, 1902 Hill Ave, PO Box G, Spirit Lake, IA 51360

Routing Number: 073920997

Checking Account # \_\_\_\_\_ Savings Account# \_\_\_\_\_

If you have any questions about this request, please contact me at (\_\_\_\_\_) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
City, State, Zip

# Account Closing Form

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Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

Please close my Account # \_\_\_\_\_ and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me at (\_\_\_\_\_) \_\_\_\_\_. Thank you.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Signer Name (please print)

\_\_\_\_\_  
Co-Signer Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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