

MAKE THE *switch*

[WE MAKE IT EASY]

It is quick and easy to switch from your current bank account to a new account with Citizens State Bank–Midwest. Everything you need is provided right here in our switch kit:

- > switch kit checklist
- > new account application form
- > direct deposit transfer letter
- > automatic payment transfer letter
- > automatic payment and deposit checklists
- > account closure request letter



☐ STEP 1 Get Organized

- Open a Citizens State Bank–Midwest account.
- Review your last few statements and identify all automatic payments and automatic deposits.
Note: Keep in mind that not all your previously established automatic payments may occur on a monthly basis. For example, insurance payments, some utilities, and federal and state tax returns/payments can occur on irregular intervals such as bi-monthly, quarterly, or even an annual basis.

☐ STEP 2 Move Your Direct Deposit & Automatic Payments

- Prepare to move your direct deposit by completing the Direct Deposit Transfer Letter.
Note: You may be asked to fill out an additional form by the company making the direct deposit.
- To transfer social security direct deposit, you can either call Social Security Administration at 1.800.772.1213 or go to www.ssa.gov/deposit/howtosign.htm
- Set up new automatic payments. You can use the Automatic Payment Transfer Letter, or consider Citizens State Bank–Midwest Online Banking with free bill pay as an alternative that gives you more control over your money. If you are setting up more than one automatic payment, print or make additional copies of the Automatic Payment Transfer Letter for each automatic payment.
Note: You may be asked to fill out an additional form by the company making the automatic payment.

☐ STEP 3 Close Your Old Account

- Confirm all checks have cleared and all automatic payments have been transferred to your new account. Leave sufficient funds in your former account to cover any outstanding checks or pending automatic payments.
- Complete the Account Closure Request Letter and send it to your former financial institution. Some financial institutions may require you to fill out additional forms. If your account is an interest-bearing account, request to have your accrued interest paid prior to closing.
- Destroy any unused checks, ATM/debit and credit cards, and deposit slips associated with your former accounts.
- Start using your new Citizens State Bank–Midwest account exclusively.
- Remember to keep a copy of all documents, letters and forms for your personal records.

☐ STEP 4 Transfer Other Accounts

- Consider making your financial life less complicated by transferring other accounts to Citizens State Bank–Midwest. We offer a complete line of banking products including mortgage services. With all of your funds in one place, your banking will be easier. Our banking team will be better able to help you manage your finances and find ways to make your money work harder for you.
- Call or visit one of our branches, and we will be happy to assist you.

We're here to help make the switch easy!

new consumer account application



Account Type

- | | | | |
|---|---|---|------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Loan | <input type="checkbox"/> NOW |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> IRA | <input type="checkbox"/> CD | |
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Safe Deposit Box | |

Ownership of Account

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Personal Rep | <input type="checkbox"/> Authorized Signer | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Joint-with survivorship | <input type="checkbox"/> Pay on Death | <input type="checkbox"/> Trust | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Joint-no survivorship | | | |

Individual Application Information

LAST NAME	FIRST NAME	MIDDLE NAME	SS#
<hr/>			
BIRTH DATE	PLACE OF BIRTH	MOTHERS MAIDEN NAME	
<hr/>			
HOME PHONE	CELL PHONE	DL#	
<hr/>			
HOME STREET ADDRESS	CITY/STATE	ZIP	
<hr/>			
MAILING STREET ADDRESS	CITY/STATE	ZIP	
<hr/>			
PREFERRED EMAIL ADDRESS			
<hr/>			
OCCUPATION	EMPLOYER	EMPLOYER PHONE	

Joint Application Information

LAST NAME	FIRST NAME	MIDDLE NAME	SS#
<hr/>			
BIRTHDATE	PLACE OF BIRTH		
<hr/>			
HOME PHONE	CELL PHONE	DL#	
<hr/>			
HOME STREET ADDRESS	CITY/STATE	ZIP	
<hr/>			
MAILING STREET ADDRESS	CITY/STATE	ZIP	
<hr/>			
PREFERRED EMAIL ADDRESS			
<hr/>			
OCCUPATION	EMPLOYER	EMPLOYER PHONE	

Important Application Information

I certify that everything I have stated in the applications and on any attachments is correct. By signing below I authorize you to check my credit accounts and employment history and/or have a credit-reporting agency prepare a credit report on me. Federal law requires financial institutions to obtain information to verify your identity. You may be required to provide one or more forms of identification to comply with this requirement. Our privacy policy and federal law protect the information you provide.

APPLICANT'S SIGNATURE	DATE	PASSWORD
<hr/>		
JOINT APPLICANT'S SIGNATURE	DATE	PASSWORD

direct deposit transfer letter



Complete this form for every company (i.e. employer, vendor) initiating a direct deposit to your account. Then give this signed form, along with a voided check from your new Citizens State Bank–Midwest account, to the party making the direct deposit.

☐ ESTABLISH DIRECT DEPOSIT ☐ CHANGE MY EXISTING DIRECT DEPOSIT

Company Information:

Company Name _____

Address _____

City _____ State/Zip _____ Phone _____

Customer Information:

Name _____ Employee ID # / Account # _____

Social Security # _____

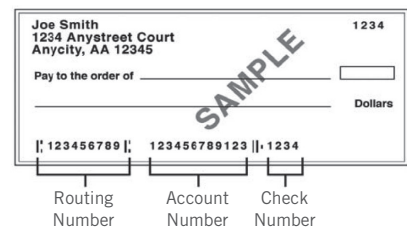
Address _____

City _____ State/Zip _____ Phone _____

Citizens State Bank–Midwest Information:

Routing Number: 0913-0664-5

Account Number: _____



Deposit Information:

Note: You can route your direct deposit to more than one account, if your employer allows.

1. Account Type:

☐ CSB Checking or Money Market

☐ CSB Savings

Account Number: _____

Amount \$ or % (circle one): _____

2. Account Type:

☐ CSB Checking or Money Market

☐ CSB Savings

Account Number: _____

Amount \$ or % (circle one): _____

I authorize _____ (employer/company) to make deposits directly to my Citizens State Bank–Midwest account(s) indicated above, and authorize the bank to accept such deposits.

Customer Signature _____ Date _____

automatic payment transfer



Complete and sign this form for every company to which you are initiating an automatic payment. Then, give this signed form, along with a voided check from your new Citizens State Bank–Midwest account, to the company receiving the automatic payment.

☐ ESTABLISH AUTOMATIC PAYMENT ☐ CHANGE MY EXISTING AUTOMATIC PAYMENT

Company Information:

Company Name

Address

City State/Zip Phone

Customer Account Number with Payee/Company

Customer Information:

Name Employee ID # / Account #

Address

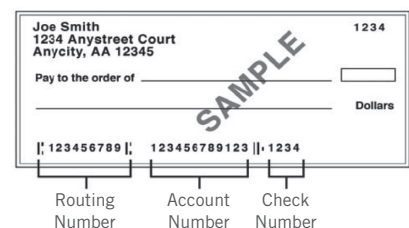
City State/Zip Phone

Citizens State Bank–Midwest Information:

Routing Number: 0913-0664-5

Account Number: _____

☐ CSB Checking or Money Market ☐ CSB Savings



I authorize _____ (employer/company) to make automatic payments from my Citizens State Bank–Midwest account(s) indicated above, and authorize the bank to accept such payments.

Customer Signature Date

Automatic Payment Checklist

Payment	Company	Account #	Date of Payment
Mortgage/Rent			
Auto Loans			
Insurance: Life			
Home Owner's			
Car			
Pet			
Other			
Credit Cards			
Gas/Oil			
Electric			
Cable TV			
Telephone			
Cell Phone			
Water/Sewer			
Garbage			
Internet Provider			
Health Club			
Investments			
IRA/Retirement			
Charities			
Daycare			
Other			

Automatic Deposit Checklist

Payment	Company	Account #	Date of Payment
Employee Payroll			
Pension/Retirement Plans			
Social Security			
Investment Incomes			
Other			

account closure request



Name of financial institution you wish to close your account with

Address

City

State/Zip

Phone

To Whom It May Concern:

Please accept this letter as my authorization to close the accounts listed below effective as of _____ (date). To the best of my knowledge, all transactions including ATM/Debit card, automatic deposits/payments, and checks written have posted to the following accounts.

☐ Please close the account(s) noted below and mail the balance and any interest earned to my address below.

Former Account Number: _____

Former Account Number: _____

Former Account Number: _____

Former Account Number: _____

Print Your Name

Address

City

State/Zip

Phone

Customer Signature

Date