

FSB

FARMERS STATE BANK
A division of Hawthorn Bank

SWITCH-KIT

Simple Transfer 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 FSB account and transfer your existing personal account(s), including automatic deposits/payments to Farmers State Bank.

Simply print, fill out the forms 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 this form filled out when you come in to your local Farmers State Bank to open your FSB accounts.
- **Automatic Payment Checklist** – Items to be reviewed before closing your existing account at another institution.
- **Direct Deposit/Automatic Payment Authorization Forms** – Use these forms to transfer direct deposit/automatic payments to your new FSB accounts. 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 those 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.

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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 FSB account and have cleared your existing account
- Remaining checks, deposit slips, debit and ATM cards have been destroyed



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CUSTOMER INFORMATION FORM

Primary Account Holder

Name:		SSN:
Street Address: City:		
Home Ph:	State:	Zip:
Drivers' License #:	Work Ph:	Mobile Ph:
Employer:		DL Expiration Date:
Email Address:		Position/Title

Joint Account Holder (if applicable)

Name:		SSN:
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Ph:
Drivers' License #:	DL Expiration Date:	
Employer:		Position/Title
Email Address:		

Accounts and Services

Accounts and Services that you currently use or are interested in:

☐ InCENTive Cash or Cash Back (Checking Account)	☐ Internet Banking	☐ Consumer Loan*
☐ InCENTive Saver (Savings Account)	☐ Online Bill Pay	☐ Mortgage Loan*
☐ InCENT-A-Spender (Youth Checking)	☐ Zelle	☐ Home Equity Loan*
☐ InCENT-A-Saver (Youth Savings)	☐ Card Management	☐ Personal or Business Credit Card*
☐ Individual Retirement Account (IRA)	☐ Digital Wallet	
☐ Certificate of Deposit	☐ Notifi	
☐ Safe Deposit Box		

*Subject to Approval



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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				
Pension(s)/ Retirement 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

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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

I have opened a new account at Farmers State Bank. Please direct my
☐ Existing Direct Deposit ☐ New Direct Deposit
to my new Farmers State Bank account.

*Attach A
Farmers State Bank
Voided Check Here*

Farmers State Bank Account Number ☐ Checking ☐ Savings

101202503

Farmers State Bank Routing Number

From:

Name

Address

City/State/Zip

Social Security Number

Phone Number

Signature Date

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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.

To:

Company / Organization Name

Company Address

City/State/Zip

Subject Account Number

To whom it may concern;
I have opened a new account at Farmers State Bank. Please redirect my automatic payment for the above account to my new Farmers State Bank account.

Farmers State Bank Account Number ☐ Checking ☐ Savings

101202503

Farmers State Bank Routing Number

From:

Name

Address

City/State/Zip

Social Security Number

Phone Number

Signature Date

*Attach A
Farmers State Bank
Voided Check Here*