

Switching over to United State Bank has never been easier! Considering a switch in your primary banking relationship can be overwhelming. So, to help we have developed this *Switch-in-Three* kit to assist during the process.

Within this packet you will find suggestions, checklists and forms to make the switch as painless as possible. The kit will assist you with making the necessary changes to automatic deposits, preauthorized payments, and other automated account transactions. If you have questions, please don't hesitate to speak with one of our friendly, professional and knowledgeable account opening staff. You are only three quick steps away to banking better! Welcome.

#### Step # 1 Open an Account with United State Bank

Already a United State Bank customer, great! If not, let our experienced staff fit you to one of our personal deposit products that best suit your needs.

### Step # 2 Gather and Notify

To assist you in making the switch, we have made available this kit. It contains helpful information to guide you through the process. By using the supplied checklists and following forms, the process of gathering important account activity and notifying the necessary parties never has been easier. To assist you, the kit includes the following:

- Direct Deposit and Automatic Payment information collection form
- Authorization form for Automatic Payment and Direct Deposit, and
- Request to Close Account form.

Once you have identified all automatic deposits and automatic payments / withdrawals that require switching, simply notify the affected persons / companies / financial institutions.

## Step #3 Close account at your existing bank

The last step is to simply notify your existing bank to close your account with them. We realize that break-ups are never fun, so to help the kit includes a form to request account closure. Simply print the form, fill it out and mail it to the bank.

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# Gather Information

## **Automatic / Direct Deposits**

PAYMENT	COMPANY	ACCOUNT #	DATE OF DEPOSIT	NOTICE SENT	REQUEST ACTIVATED
	COMPANI	ACCOUNT	DEI OSII	DETT	ACTIVATED
Payroll (1)					
Payroll (2)					
Retirement (1)					
Retirement (2)					
Social Security (1)					
Social Security (2)					
Investment					
Income					
Other					

## **Automatic Payment / Withdrawals**

			DATE OF	NOTICE	REQUEST
PAYMENT	COMPANY	ACCOUNT #	DEDUCTION	SENT	ACTIVATED
Mortgage / Rent					
Auto Loan (1)					
Auto Loan (2)					
Insurance:					
Life					
Home					
Auto					
Other					
Credit Card (1)					
Credit Card (2)					
Credit Card (3)					
Fuel / Oil					
Electric					
Cable / TV					
Telephone					
Cellular Phone					
Water / Sewer					
Garbage					
Internet					
Health Club					
Investments					
IRA / Retirement					
Charities					
Daycare					
Other					

# Automatic Deposit Authorization Change Request

Company Name:	
Company Address:	
To Whom It May Cor	cern:
•	ed our banking relationship and request that my / our automatic deposit be ecount at United State Bank. My identifying information is as follows:
Name(s) on Account:	
Identifying # with Yo	ur Company:
Address:	
Phone Number:	
Effective (date)	, please stop my / our direct deposit into account:
	Financial Institution
	, please send my / our direct deposit to my / our new account.
	nformation you will need:
Financial Institution:	
Routing Number:	
* -	☐ Checking ☐ Savings ☐ Money Market
Account #:	<del></del>
I / We authorize your	company to initiate credit entries to my account at United State Bank. I/
=	is authorization will remain in full force until all parties have received
	om me / us of its termination in such time as to afford a reasonable time to
	ions, please call me / us at the phone number listed above.
<i>y</i>	Ferring Constitution in the Fe
Name (please print)	Signature
Name (please print)	Signature
Date:	

# Authorization for Automatic Payment Change Request

Company Address:		
To Whom It May Cor	ncern:	
= = = = = = = = = = = = = = = = = = =	to be made from my new a	p and request that my / our automatic deducted account at United State Bank. My identifying
Name(s) on Account:		
	ur Company:	
Address:		
Phone Number:		
Please <u>stop</u> my autom	atic payment / withdrawal	:
Financial Institution:		
Type of Account:	☐ Checking ☐ Savings	s □ Money Market
Account #:		_
Amount of Payment /	Withdrawal \$	Effective Payment Date
Please <u>begin</u> to debit	my new account for the pa	yment / withdrawal from:
Financial Institution:	United State Bank	
Routing Number:		
• •	☐ Checking ☐ Savings	s □ Money Market
Account #:		_
Amount of Payment /	Withdrawal \$	Effective Payment Date
Name (please print)		Signature
Name (please print)		Signature
Date:		

# Request to Close Account

Financial Institution N	Jame:			_
Financial Institution A	Address:			_
				_
To Whom It May Con	icern:			
Please close my / our	bank account(s	s) as identified	below effective:	
Immedia	tely			
On				
<b>General Information</b>	1:			
Name(s) on Account:				
My Address:				
Phone Number:				
Account #1:				
Name(s) on Account:				
Account Number:				
Type of Account:	☐ Checking	☐ Savings	☐ Money Market	
Account #2:				
Name(s) on Account:				
Account Number:				
Type of Account:	☐ Checking	☐ Savings	☐ Money Market	
Account #3:				
Name(s) on Account:				
Account Number:				
Type of Account:	☐ Checking	☐ Savings	☐ Money Market	
			ing balance at the address listed al	•
r				
Name (please print)			Signature	
Name (please print)			Signature	
Date:				