#### > ACCOUNT SWITCH CHECKLIST



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

- o 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- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn
- o 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.



### > CLOSE ACCOUNT

City, State, Zip



Date	
Financial Institution Name	
Address	
City, State, ZIP	
To Whom It May Concern:	
Please close my Accountremaining balance to me at the address listed	(account number), and send a check for the lbelow.
If you have any questions about this request, ()(phone numl	please contact me during the Day/Evening (circle one) at ber).
Thank you.	
Sincerely,	
Signature	Co-Signer Signature
Name (please print)	Co-Signer Name(please print)
Address	TSB  B A N K  Titonka - Forest City - Thompson

# > CHANGE YOUR AUTOMATIC WITHDRAWAL



Date	
Name of Company Making Automatic Withdrawal	
Address	
City, State, Zip	
To Whom It May Concern:	
You are currently withdrawing \$ for my at on	(what payment is for) _ (account or other identifying number),
from the following account:	
Old Financial Institution:	
Routing Number:	
Account Number:	
Please stop making withdrawals from that account ar	d instead make them from:
Titonka Savings Bank Routing Number: 073918844 Account Number:	
If you have any questions about this request, please of at()(phone number).	ontact me during the Day/Evening (circle one)
Thank you.	
Sincerely,	
Signature	
Name (please print)	
Address	TSB  B A N K
	Titonka - Forest City - Thompson

City, State, Zip

# > CHANGE PAYROLL DIRECT DEPOSIT



Date	
Employer/Depositor's Name	
Address	
City, State, Zip	
You are currently depositing MY ENTIRE PAYCHECK/PA following account:	RT OF MY PAYCHECK (circle one) to the
Old Financial Institution:	
Routing Number:	
Account Number:	
Please stop making deposits to that account and instea	nd send them to:
Titonka Savings Bank	
Routing Number: 073918844	
Checking Account:	Savings Account:
If you have any questions about this request, please co	ntact me during the Day/Evening (circle one)
at()(phone number).	
Thank you.	
Sincerely,	
Signature	
Name (please print)	
Address	TSB
	B A N K

City, State, Zip

### > NEW ACCOUNT INFORMATION



### **PRIMARY APPLICANT**

Name	
	Rent Own
City	State Zip
Home Phone Number	Cell Number
Work Phone Number	Ext
E-mail	
SSN	Date of Birth
Employer Name	
Address	
	State Zip
Driver License Number	State
Date of issue	Expiration Date
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 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.

