Getting Started

Making the switch to better banking today!

You can make the move to First State Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to FSB, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new FSB account(s).



Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to FSB.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to FSB.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your FSB account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Cha	
Company or Employer:	Use this list to remember all your direct deposits you need
Address:	to transfer. These are the most common direct deposits.
City, State, Zip:	Payroll
Phone Number:	Investments
Employee ID:	Retirement Plans
(if applicable)	Social Security
Effective immediately, please deposit the net amount of my check to r	my FSB account. I
authorize (name of depositor)	
to automatically deposit funds into the account below. This authorizat	ion shall remain in
place until I have submitted a new authorization, or until this authoriz	ation is changed or
revoked by me in writing.	
Place an X next to your desired option.	
Net amount to FSB CHECKING	
Account # Routing # 0	171921532
Net amount to FSB SAVINGS	
Account # Routing # 0	071921532
Signature: Da	te:
Name:	
Address:	
City, State, Zip:	
Phone Number:	





Automatic Withdrawal Authorization

Page 3 of 4

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Member

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of V	Withdrawal Authorization Change	Automatic Withdrawal Checklist:
Name of Company:		Use this list to remember all your
Account Number:		automatic payments you need to
Payment Amount:		transfer. These are some of the most commonly used automatic payments.
Address:		Home Mortgage
City, State, Zip:		
Phone Number:		Auto Loans
		Utilities
Please change my autor	natic withdrawal from the following account:	Insurance
Financial Institution:		Cable/Internet
	Death Deathers #	Gym/Club Memberships
Account #	Bank Routing #	Credit Cards
Please make all future a	nutomatic withdrawals from the following account:	Investments
Financial Institution:	FSB	Subscriptions
Account #	Bank Routing # 071921532	Charity Donations
Thank you very much		
	in in effect until I have submitted to you a new authorization, or until you have ng that this authorization has been changed or revoked.	
Signature:	Date:	
Name:		
Address:		
City, State, Zip:		
Phone Number:		



Account Closure Authorization

FIRST STATE BANK

You can authorize your remaining balance to be deposited automatically to your new [FI NAME] account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Account Closure Authorization	Congratulations!	
To Whom It May Conce	rn:	You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't	
Financial Institution:			
Address:		wait to show you the difference a local partner makes.	
City, State, Zip:		Welcome to FSB!	
Please close my accour	nt:		
Account Number:	Primary Owner:		
Address:			
City, State, Zip:			
Please send the remain Place an X next to your desi			
	sit directly to my new account at FSB.		
Account #	Routing # 071921532		
Please forwa	rd me a check to my address listed below.		
Primary Signature:	Date:		
Joint Signature:			
Name:			
Address:			
City, State, Zip:			
Phone Number:			

