

#### **Central State Bank's Switch Kit**

Switching your checking account to Central State Bank has never been easier, with CSB's Switch Kit, we have all the necessary paperwork to assist you from start to finish. Our account representatives will complete as much of the forms for you as possible...even mail it for you. It's that easy.

The Switch Kit Includes:

- Check List
- Account Closing Notification
- Automatic Payment Forms
- Payroll/Direct Deposit Form

### It's Easy:

- 1. On applicable forms, fill in the required information from your previous financial institution.
- 2. Sign your name on each form.
- 3. Attach a voided check, from your new CSB checking account, to each Automatic Payment Form (if applicable).
- 4. Return signed forms to your CSB Account Representative

For more information, visit www.centralstatebankia.com and download the Switch Kit forms or contact an account representative at 109 West Main in State Center; 641-483-2505 or 2709 Northridge Parkway in Ames; 515-445-1889.





#### **Check List**

This checklist will help guide you as you close your current account and switch to Central State Bank. Automatic payments and deposits are convenient, but they can make switching financial institutions difficult. Use this check list as a reminder of companies you have automatic payments and deposits with, it might be helpful to look at your monthly statement. Here are some of the items that people most often have taken out or deposited automatically.

☐Mortgage Payments
☐ Insurance Payments
•Health
•Car
•Mortgage
□Loan Payments
Utility Payments
•Gas
•Electric
•Water
□Cable TV
☐ Fitness Club Dues
□Child Support
□Social Security
□ Payroll





# **Account Closing Notification**

Name	
Address	
City/State	
Social Security Number	
Telephone#	
Email	
Please Close my Account(s) at:	
Financial Institution:	
Account Number(s):	
I authorize the closure of my account(s) effective as	of (date):
Please check one:	
$\hfill\Box$ Mail the balance of my account(s) to my	
<ul> <li>Send the remaining balance of my account</li> <li>(See information below).</li> </ul>	nt(s) to be deposited at Central State Bank
CSB Checking Account #	
CSB Routing Number: 073906856	Mail to:
0 . 10 . 5 .	
Central State Bank	Central State Bank
Attn: New Accounts PO BOX 548	Attn: New Accounts 2709 Northridge Parkway
State Center, IA 50247	Ames, IA 50010
Phone: 641-483-2505	Phone: 515-445-1889
nave any questions regarding this request, please cont	act me in writing or at the phone number listed a
Authorized Signature	Date





## **Automatic Payment Form**

Name

This memo serves as notification that I have recently changed financial institutions and would like to have my automatic payments with your company charged to my new Central State Bank account. Please discontinue debiting my previous account and begin making automatic withdrawals from my CSB account, starting on the specified date listed below.

	Address				
City/State					
	Social Security Number				
	Felephone #				
	Email				
Please cl	ange my Automatic Payment with:				
	Company to Re	eceive Payment			
	Automatic Payme	nt Account Number			
	Amount of Mo	onthly Payment			
Mail To:	Central State Bank Attn: New Accounts PO BOX 548 State Center, IA 50247 Phone: 641-483-2505	Central State Bank Attn: New Accounts 2709 Northridge Parkway Ames, IA 50010 Phone: 515-445-1889			
Date to Start New	Automatic Deduction:	<del></del>			
Previous Financia	Institution Account #				
Attached is a VOI	DED CHECK from my account.				
		ct me in writing or at the phone number listed above. Tha tomatic payment accounts. Photocopy as needed.	ink you fo		
	Authorized Signature	Date			





# **Payroll/Direct Deposit**

Name			
Address			
City/State			_
Social Securi	ity Number		_
elephone #			
Email			
mployer			
	Please Change My Pa	ycheck Direct Deposit:	
Mail to:	Central State Bank Attn: New Accounts PO BOX 548 State Center, IA 50247 Phone: 641-483-2505	Central State Bank Attn: New Accounts 2709 Northridge Parkway Ames, IA 50010 Phone: 515-445-1889	
SB Checkin	g Account #		
SB Routing	Number: 073906856		
revious Fin	ancial Institution		
revious Acc	count Number		-
Date to Star	t New Direct Deposit		_
f you have a	any questions regarding this request, please c	ontact me in writing or at the phone number	r listed abov
Γhank you fo	or your prompt assistance in this matter.		
_			
	Authorized Signature	Date	

