



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 Executives 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 Executive.

For more information, visit www.centralstatebankia.com and download the Switch Kit forms or contact an Account Executive at 109 West Main in State Center or call us at (641)-483-2505.



CENTRAL STATE BANK

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: _____

Checking Account Number(s): _____

I authorize the closure of my account(s) effective as of (date): _____

Please check one:

- Mail the balance of my account(s) to my home address above.
- Send the remaining balance of my account(s) to be deposited at Central State Bank (See information below).

CSB Checking Account # _____

CSB Routing Number: 073906856

Mail to: **Central State Bank**
ATTN: New Accounts
PO Box 548
State Center, IA 50247
Phone: (641) 483-2505

If you have any questions regarding this request, please contact me in writing or at the phone number listed above. Thank you for your prompt assistance in this matter.

Authorized Signature

Date



Automatic Payment Form

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.

Name _____

Address _____

City/State _____

Social Security Number _____

Telephone # _____ Email _____

Please change my Automatic Payment with:

Company to Receive Payment

Automatic Payment Account Number

Amount of Monthly Payment

Mail to: **Central State Bank**
ATTN: New Accounts
PO Box 548
State Center, IA 50247
Phone: (641) 483-2505

CSB Checking Account # _____
CSB Routing Number: 073906856

Date to Start New Automatic Deduction: _____

Previous Financial Institution Account # _____

Attached is a *VOIDED CHECK* from my account.

If you have any questions regarding this request, please contact me in writing or at the phone number listed above. Thank you for your prompt assistance in this matter.

Authorized Signature

Date

Direct this form to all automatic payment accounts. Photocopy as needed.



**CENTRAL
STATE BANK**

Payroll/Direct Deposit

Name _____
Address _____
City/State _____
Social Security Number _____
Telephone # _____ Email _____
Employer _____

Please Change My Paycheck Direct Deposit:

To: **Central State Bank**
ATTN: New Accounts
PO Box 548
State Center, IA 50247
Phone: (641) 483-2505

CSB Checking Account # _____

CSB Routing Number: 073906856

Previous Financial Institution _____

Previous Account Number _____

Date to Start New Direct Deposit _____

If you have any questions regarding this request, please contact me in writing or at the phone number listed above.
Thank you for your prompt assistance in this matter.

Authorized Signature **Date**