

## Switch Kit Pre-Transfer Worksheet

The Switch Kit is a free tool that allows you to quickly and easily change your accounts from your financial institution to the Bank of Stronghurst. By filling out a series of forms, the Switch Kit provides all the documentation that is needed to complete the process. The pre-transfer worksheet is intended to help you gather all of the information needed before filling out the Switch Kit forms. Once the information has been collected, you're ready to switch.

The information you will need to collect:

#### Your new Bank of Stronghurst account number.

If you don't have an account with the Bank of Stronghurst, you will need to open one before switching.

**Your current financial institution information.** Your current financial institution information is needed for you to close your current accounts.

A list of any automated debits (ACH) Gather all information on companies that make electronic withdrawals from your account. This includes automatic debits (ACH) or automatic charges to your debit card. Common uses of automatic debits include rent/mortgage, utilities, phone and cable bills.

**Any Direct Deposits.** List any companies who regularly deposit funds into your account. Some common uses of Direct Deposits include payroll, taxes, or expense reimbursements. Social Security customers need to call the Social Security Administration toll free at 1-800-772-1213 or go to <u>www.ssa.gov/deposit/howtosign.htm</u>. Local Social Security office numbers: Galesburg, IL at 1-309-344-2141 or Quincy, IL at (800) 772-1213.

**Electronic Payments (Online Bill Pay)** If you use an online bill pay service at your current financial institution, be sure to cancel each payee.

**Questions?** Call our Customer Service Representatives or stop by any of our three convenient locations and we will be glad to help.

Bank of Stronghurst Main Office 108 E Main St Stronghurst IL 61480 Phone: (309) 924-1316 Fax: (309) 924-1471 Dallas Banking Center 605 West Third St Dallas City IL 62330 Phone: (217) 852-6552 Fax: (217) 852-6554 Lomax Banking Center 297 Auburn Street Lomax, IL 61454 Phone: (217) 449-3889 Fax: (217) 449-3893



### Pre-Transfer Checklist

#### □Last Month's Bank Statement

### **Automatic Deposits**

#### □Payroll

Contact the HR Department where you work. Please include a voided check

Effective Date of Change\_\_\_

#### □Social Security

Contact the Social Security Administration. Effective Date of Change\_\_\_\_\_

# **Transfer From Other Bank**

#### □Accounts

Effective Date of Change\_\_\_\_

#### Brokerage Deposits

Effective Date of Change\_\_\_\_\_

#### □ Other

Effective Date of Change\_\_\_\_

# **Utilities Automatic Payment**

□Gas

Account No
Effective Date of Change
□ Electric
Account No
Effective Date of Change
□Water/Sewer
Account No
Effective Date of Change
□Local/Long Distance Telephone Service
Account No
Effective Date of Change
Cellular Telephone Service
Account No
Effective Date of Change
Bank of Stronghurst Dallas Ba

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□Internet Service	
Account No	
Effective Date of Change	
□ Cable or Satellite TV	
Account No	
Effective Date of Change	
Garbage	
Account No	
Effective Date of Change	
<b>Insurance</b> (e.g. life, health, auto, home)	
Account No	
Effective Date of Change	
Account No	
Effective Date of Change	
□Brokerage-Automatic	
Investments	
Effective Date of Change	
Effective Date of Change	
Loans (e.g. car, home equity, student loan, credit card	)
Account No	
Effective Date of Change	
Account No	
Effective Date of Change	
□Mortgage	
Account No	
Effective Date of Change	
□ Other	
Effective Date of Change	
Other	
Account No	
Effective Date of Change	
Other	
Account No	
Effective Date of Change	
□ Other	
Account No	
Effective Date of Change	

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### Direct Deposit/Direct Debit Transfer

### Authorization Agreement

Bank of Stronghurst has received your written authorization to transfer your direct deposit(s) and direct debit(s) from another financial institution to your account at Bank of Stronghurst. The direct deposit(s) and direct debit(s) you have authorized Bank of Stronghurst to transfer to your account, \_\_\_\_\_\_, will be posted in the order in which the bank receives them.

In the event a direct debit you authorized (for transfer) is presented for payment before Bank of Stronghurst receives the direct deposit you authorized (for transfer), Bank of Stronghurst will pay the direct debit and will not assess an insufficient funds fee, if the payment causes your account to be overdrawn for the first sixty days from the date of your authorized transfer. Thereafter, fees will be assessed in accordance with the bank's "Schedule of Fees." Bank of Stronghurst will exercise ordinary care to complete your authorized transfer of direct deposit(s) and direct debit(s). If you incur any fees or charges due to negligence by Bank of Stronghurst in the processing of your written request and/or authorized direct deposit(s) and direct debit(s) request, Bank of Stronghurst will reimburse you for these fees and charges. Claims for reimbursement must be submitted in writing within six months of the date of your authorization to transfer. To file a claim, send a written request with your name, address, and account number along with a copy of the billing notice for the fee or charge to:

Bank of Stronghurst ACH Department /Bookkeeping 108 E Main St PO Box 420 Stronghurst, IL 61480

Customer Signature Date

Bank Representative Signature Date Member FDIC

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## Please close my account.

Date

Bank Name

Address

City State Zip

#### To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest to Bank of Stronghurst, 108 E Main St

PO Box 420 Stronghurst, IL 61480 and a confirmation of account closure to customer:

	Account Number	
□ Checking Account		
□ Savings Account		
□ Money Market Account		
□ Certificate of Deposit		Maturity Date
Please close my CD immediately. I und withdrawing before the maturity date.	Please close my CD upon maturity	
If you have any questions regarding the	nis request please contact me.	
Sincerely,		
Account Holder's Signature	Address	
Print Name	City State Zip	
Account number w/ payee	Phone number (s)	
Bank of Stronghurst Main Office 108 E Main St Stronghurst IL 61480 Phone: (309) 924-1316 Fax: (309) 924-1471	Dallas Banking Center 605 West Third St Dallas City IL 62330 Phone: (217) 852-6552 Fax: (217) 852-6554	Lomax Banking Center 297 Auburn Street Lomax, IL 61454 Phone: (217) 449-3889 Fax: (217) 449-3893



# Please change my direct deposit.

Date					
Employer, pen	ision, administr	ator or governn	nent entity making the direct de	posit	
Address					
City State Zip					
Phone					
	May Concern: are depositing	my	ension or government check	payment into my bank accc	ount(s):
Current Bar Account Nu			Routing Numb		
<u>New bank info</u> Bank of Strong	ormation: ghurst Address	: 108 E Main St	its into my new account(s) at PO Box 420 Stronghurst, IL 61	-	
Deposit	s	or	% Of my	Into	mv
-		st Checking acc			
Deposit	\$	or rst Savings acco	% Of my	Into	my
			nen this change takes effect. Test please contact me.		
Account Hole	der's Signature		Address		
Print Name			City State Zip		
Account num	iber w/ payee		Phone number (s)		
N 10 Strong Phone	of Stronghurs Iain Office 8 E Main St ghurst IL 6148 : (309) 924-131 (309) 924-1471	0 16 1	Dallas Banking Center 605 West Third St Dallas City IL 62330 Phone: (217) 852-6552 Fax: (217) 852-6554	Lomax Banking C 297 Auburn Str Lomax, IL 614 Phone: (217) 449- Fax: (217) 449-3	eet 54 3889
		W	ww.bankofstronghurst.com		



# Please change my automatic payment.

Date			
Name of insurance compar your account.	ıy, mortgage provide	er, utility company, any payee that	automatically debits payments from
Address			
City State Zip			
Phone To Whom it May Concer			
Currently you debit my	(Indicate the type of	payment from my	bank accounts(s):
Current Bank Name Account Number		Routing Number Account Number	
Please stop this debit from	n the above listed a		and begin to debit this
payment from my new ac	count at Bank of S	Date tronghurst.	
<u>New bank information:</u>			
Bank of Stronghurst add	ess: 108 E Main St l	PO Box 420 Stronghurst, Il. 61480	
Bank of Stronghurst rout	ing number: 071122	030	
Bank of Stronghurst chec	king account numbe	er:	
	-	n this change takes effect.	
If you have any questions i	egarding this reques	a please contact me.	
Síncerely,			
Account Holder's Signate	ıre	Address	
Print Name		City State Zip	
Account number w/ payer	e	Phone number (s)	
Bank of Stronghu Main Office 108 E Main St Stronghurst IL 61 Phone: (309) 924-14 Fax: (309) 924-14	t 1480 1 1316	Dallas Banking Center 605 West Third St Dallas City IL 62330 Phone: (217) 852-6552 Fax: (217) 852-6554	Lomax Banking Center 297 Auburn Street Lomax, IL 61454 Phone: (217) 449-3889 Fax: (217) 449-3893



# Internet Banking Signature Verification Form

Thank you for applying for the Bank of Stronghurst Internet Banking Services. TO ACTIVATE YOUR INTERNET BANKING SERVICES, PLEASE SIGN AND DATE THIS PAGE AND SEND IT VIA US MAIL, FAX OR IN PERSON TO ANY OF OUR 3 LOCATIONS. IF WE DO NOT RECEIVE THE SIGNATURE VERIFICATION PAGE WITHIN 30 DAYS OF APPLYING, YOU WILL NEED TO REAPPLY.

Upon receipt of the signature verification page, the Bank of Stronghurst will activate your access within 3 to 5 business days. At that time, you can log into your messages and begin using our product. Bank of Stronghurst P.O. Box 420 Stronghurst, IL 61480

Phone: (309) 924-1316

Fax: (309) 924-1471

Customer Signature Date	
Account #	
Date Opened:	

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