

# EASY SWITCH KIT



## Everything you need for an easy transition to Citizens State Bank

We want to make your move to Citizens State Bank as easy as possible. That's why we developed this Easy Switch Kit with everything you'll need to close your existing accounts and transfer your automatic payments and deposits. You won't even need to visit your old bank. Simply follow these steps:

- Step 1** **Open your new account at Citizens State Bank in Waverly or Montrose.**  
Stop in and one of our bankers will gladly assist you. When your new account is open, continue with Steps 2 and 3.
- Step 2** **Change your direct deposits and automatic payments.**  
Simply complete the enclosed forms, Authorization to Change Direct Deposit and/or Authorization to Change Automatic Payment. Complete a form for each business. Attach a voided check from your new Citizens State Bank account to each authorization form. Mail them as soon as possible. (Some businesses may allow you to make these changes on their website or in their mobile app. Be sure you are on a secure website or network when providing personal information.)
- Step 3** **We'll help you close your old accounts.**  
Simply complete the enclosed form, Authorization to Close My Account and mail it to your old bank. This form gives them all the information they need and saves you the inconvenience of an in-person visit to close your accounts. (Select a closing date at least 45 days into the future, to allow checks you've written to clear and automatic deposits/payments to transfer to your new Citizens State Bank account.)



We look forward to  
serving you!

### Waverly Office

609 Pacific Ave. • Waverly MN 55390  
Main 763-658-4417 • Fax 763-658-4836

### Mailing address

Citizens State Bank of Waverly  
PO Box 68 • Waverly MN 55390

### Montrose Office

145 Nelson Blvd • Montrose MN 55363  
Main 763-675-BANK (2265) • Fax 763-675-8148

# CLOSE MY ACCOUNT



## Authorization to Close My Account

\_\_\_\_\_  
Today's Date

On \_\_\_\_\_ (date)\* please close my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

On the close date (see above), please send remaining funds to me at:

\_\_\_\_\_  
Street Address or P.O. Box City State Zip

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each checking and savings account you wish to close. \*Allow time for all checks to clear and automatic payments/deposits to cease.



## Authorization to Close My Account

\_\_\_\_\_  
Today's Date

On \_\_\_\_\_ (date)\* please close my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

On the close date (see above), please send remaining funds to me at:

\_\_\_\_\_  
Street Address or P.O. Box City State Zip

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each checking and savings account you wish to close. \*Allow time for all checks to clear and automatic payments/deposits to cease.

# DIRECT DEPOSIT



Authorization to Change

## Direct Deposit

\_\_\_\_\_  
Today's Date

I am in the process of closing my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

Begin Direct Deposit into my new  Checking  Savings Account, effective as of \_\_\_\_\_  
Date

New Financial Institution: **Citizens State Bank** Routing Number: **091905295**  
PO Box 68, Waverly MN 55390 • 763-658-4417

New Citizens State Bank Account Number \_\_\_\_\_ **★★★** I have enclosed a voided check to verify the account number. **★★★**

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit.



Authorization to Change

## Direct Deposit

\_\_\_\_\_  
Today's Date

I am in the process of closing my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

Begin Direct Deposit into my new  Checking  Savings Account, effective as of \_\_\_\_\_  
Date

New Financial Institution: **Citizens State Bank** Routing Number: **091905295**  
PO Box 68, Waverly MN 55390 • 763-658-4417

New Citizens State Bank Account Number \_\_\_\_\_ **★★★** I have enclosed a voided check to verify the account number. **★★★**

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit.

# AUTOMATIC PAYMENT



Authorization to Change

## Automatic Payment

\_\_\_\_\_  
Today's Date

I am in the process of closing my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

I hereby authorize Automatic Payment from my new  Checking  Savings Account, beginning \_\_\_\_\_  
Date

Payment amount \$ \_\_\_\_\_ Payment to \_\_\_\_\_  
Company Name

My account number with your business \_\_\_\_\_ Payment frequency \_\_\_\_\_

New Financial Institution: **Citizens State Bank** Routing Number: **091905295**  
PO Box 68, Waverly MN 55390 • 763-658-4417

New Citizens State Bank Account Number \_\_\_\_\_ **★★★** I have enclosed a voided check to verify the account number. **★★★**

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment.



Authorization to Change

## Automatic Payment

\_\_\_\_\_  
Today's Date

I am in the process of closing my  Checking  Savings account at:

\_\_\_\_\_  
Name of Financial Institution Where Account is Closing (Please Print) Old Account Number \_\_\_\_\_

Name of Account Holder(s) \_\_\_\_\_

Primary Address of Account Holder \_\_\_\_\_

I hereby authorize Automatic Payment from my new  Checking  Savings Account, beginning \_\_\_\_\_  
Date

Payment amount \$ \_\_\_\_\_ Payment to \_\_\_\_\_  
Company Name

My account number with your business \_\_\_\_\_ Payment frequency \_\_\_\_\_

New Financial Institution: **Citizens State Bank** Routing Number: **091905295**  
PO Box 68, Waverly MN 55390 • 763-658-4417

New Citizens State Bank Account Number \_\_\_\_\_ **★★★** I have enclosed a voided check to verify the account number. **★★★**

Signature(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form for each company or organization with whom you have an arrangement for Automatic Payment.

