

1-2-3 Switch!

Here at Bank 21, we understand that switching banks is no longer as simple as shredding your old checks and starting over at a new bank. In today's world of electronic payments, deposits, and bill pay set up, it can take up a great deal of time and stress just to get started! So, we're here to help ease the stress and save you time with this "1-2-3 Switch!" kit.

What you need to do:

Step 1:

Fill out the New Account Opening Information on Form 1 and then come in to see us so we can open up your new account!

Step 2:

Fill out and send in the appropriate forms to the companies or agencies that initiate debits or credits on your accounts. For the companies or agencies that pay you, fill out Form 2. For the companies or agencies that you pay, fill out Form 3.

Step 3:

Stop using your old account and wait for all outstanding debits to clear. When your final debits have cleared, write yourself a check from your old account and deposit it into your new **BANK 21**_@ checking account! The following are basic guidelines for how long it could take for an automatic payment or deposit to take effect. Your specific company or agency could differ from these time frames.

Automatic Deposits

| Payroll Pension Social Security* | 14-60 days 60-90 days 30-60 days | *You may be able to speed up your Social Security deposit transfer by |
|--|--|--|
| Automatic Payments | | contacting the Social |
| Mortgage Auto | 30-45 days 30-90 days | Security Administration directly at |

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| Auto | 30-90 days | 1' 1 1 |
|-----------|------------|---------------------------------|
| Insurance | 30-60 days | directly at |
| Utilities | 30-60 days | 1-800-772-1213 |
| Cable | | before the 14 th day |
| Cable | 30-60 days | of the month. |
| | | or the month. |

Remember, you are responsible for maintaining sufficient funds in both your new and old accounts during this transfer process.

Please note that some companies or agencies may need additional information from you in order to properly and effectively process your request.

What we will do for you:

We will be there for you through the whole process. If you ever need help, please call or come in and see us at anytime. We will do whatever we can to make your transition as simple and as seamless as possible.

Carrollton

One W. Washington St. Carrollton, MO 64633 (660)542-2000

Sedalia

1650 E. Broadway Blvd. Sedalia, MO 65301 (660) 829-2000 Marshall 586 W. Arrow St. Marshall, MO 65340

(660) 886-6941 Blue Springs

3301 SW Highway Seven Blue Springs, MO 64014 (816) 220-0400



Form 1 New Account Opening Information

Please complete the below form for each individual who will be an authorized signer on the account. All of the information <u>is needed</u> in order to properly identify you and open the account.

| | Signer 1 | Signer 2 |
|-------------------------|----------|----------|
| Full Legal Name | | 0 |
| Social Security Number | | |
| Physical Street Address | | |
| City, State Zip | | |
| Date of Birth | | |
| City of Birth | | |
| Mother's Maiden Name | | |
| Employer | | |
| | | |
| Employer Address | | |
| Occupation | | |

*If you have additional signers for this account, please provide their information on a separately attached piece of paper.

When you come in to open your account, please bring the following items with you:

- Two forms of ID for each signer. One must be a valid photo ID. The second ID can be a social security card, valid major credit card, valid student ID, or alien registration card.
- The personal information for any beneficiary that may be named on the account. This would include their full legal name, social security number, address, phone number, and mother's maiden name.

<u>Form 2</u> Authorization for the Change of Direct Deposit

| То: | |
|---|------------------------------|
| From: | |
| Address: | |
| Phone Number: Social Security Number: | |
| Please discontinue sending my direct deposits to my ac | count(s) at |
| The current routing number and account number(s) ye | ou have on file are: |
| Routing Number: | |
| Checking: | |
| Savings: | |
| Please begin sending the same deposit to Bank 21 with | h the following information. |
| Bank 21 One W. Washington Carrollton, MO 64633 Transit/ABA# 101908988 | |
| \Box Deposit the entire amount to my checking account | number |
| \Box Deposit the entire amount to my savings account nu | umber |
| Deposit \$ to my savings account number my checking account number | er, and the remaining to |

I hereby authorize the above listed entity to initiate credit entries, or debit entries if necessary to correct any credit entries made in error, to my checking or savings account at Bank 21. This authorization is to remain in full force and effect until I send a written notice of change or cancellation.

(Signature)

Automatic Payment Authorization Change

| Vendor: | |
|---|-------------------------|
| Name: | |
| Address: | |
| Phone | |
| Number: | |
| Account | |
| Number: | |
| Please discontinue deducting my payments from my ad | count at(Old Bank Name) |
| The current routing number and account number you | have on file is: |
| Routing | |
| Number: | |
| Account | |
| Number: | |
| | |

Please begin deducting the same payments out of my new account at **Bank 21** with the following information.

Bank 21 One W. Washington Carrollton, MO 64633 **Transit/ABA# 101908988**

Account number:

I/We authorize the aforementioned vendor ("Vendor") to initiate variable entries to the account referenced above ("Account number"). This authorization will remain in effect until I/we provide the aforementioned Vendor with written notification of cancellation within a reasonable time in which to act. Also, I/we agree that I/we remain obligated to pay for these services in the event that a charge to my own account is dishonored, for whatever reason and that the Vendor retains its normal collection rights.

(Primary account holders signature)

(Date)

(Secondary account holders signature)

(Date)

Please contact me/us at the contact information listed above, should you have any questions or concerns regarding my/our request.