

Oostburg State Bank

Switch Kit

See what locally owned and operated can do for you

We'd love to have you join us as a customer of Oostburg State Bank! To help get you started we're providing you with the following Switch Kit forms to be completed and dropped off, faxed, or mailed back to us. It's that simple, and you won't even have to directly contact your current bank. Just 4 simple steps...

- 1. Open a new Oostburg State Bank account**
- 2. Switch any direct deposits**
- 3. Change any automatic payments**
- 4. Close your current account**

Please complete the forms below to the best of your ability. We can complete or contact you if additional information is needed. The forms allow information to be keyed and printed but cannot be saved. If you are uncertain if you can finish completing the forms you can print and complete by hand. Either way, we're looking forward to receiving them and working with you on becoming our customer. Thanks for choosing Oostburg State Bank.

1. Open New Account

- | | |
|--|--|
| <input type="checkbox"/> Personal Checking Account | <input type="checkbox"/> Statement Savings Account |
| <input type="checkbox"/> Check Card | <input type="checkbox"/> Certificate of Deposit (CD) |

-
- | | |
|--|---|
| <input type="checkbox"/> Individual Account | <input type="checkbox"/> Joint Account |
|--|---|

First Name Middle Last Name

First Name Middle Last Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Mailing Address (if different)

Mailing Address (if different)

Home Phone Cell Phone

Home Phone Cell Phone

Email Address

Email Address

Primary Account Holder Information

Joint Account Holder Information

Social Security Number

Social Security Number

Driver's License Number State

Driver's License Number State

Issue Date Expiration Date

Issue Date Expiration Date

Date of Birth

Date of Birth

Signature

Signature

Note: official bank account forms will need to be signed in person before account can be opened.

2. Switch Direct Deposits

Send this form to any company or organization that automatically deposits funds into your existing checking account.

Company Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

I have recently opened an account at Oostburg State Bank and wish to have my direct deposit sent to this account.

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Social Security Number: _____

New Bank Name: **Oostburg State Bank** _____

New Bank Routing Number: **075906346** _____

New Bank Account Number: _____

Account Type: _____ **Checking** _____ **Savings** _____

I hereby authorize to have my direct deposit switched to my account with Oostburg State Bank.

Signature: _____ **Date:** _____

We can assist you with Social Security direct deposits by calling the Social Security Administration at 1-800-772-1213 or by signing up online at www.ssa.gov/deposit/.

3. Change Automatic Payments

Send this form to any company or organization that automatically withdraws payments from your existing checking account.

Company Name: _____

Address: _____

City, State, Zip: _____

Account/Policy #: _____

Current payment amount is: \$ _____

I am currently paying the Total Amount Due

To Whom It May Concern:

Effective ____/____/____, I hereby authorize my automatic payments to come from my account at Oostburg State Bank.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Automatic payment from Oostburg State Bank:

New Bank Routing Number: **075906346** _____

New Bank Account Number: _____

Account Type: Checking Savings _____

Signature: _____ Date: _____

4. Close Current Accounts

Send this form to your current financial institution. Remember to make sure all checks have cleared.

Company Name: _____

Address: _____

City, State, Zip: _____

Primary Account Holder: _____

Social Security Number: _____

Secondary Account Holder: _____

I hereby authorize that the following accounts at your institution be closed.

Account # _____ Account Type: _____

Account # _____ Account Type: _____

Account # _____ Account Type: _____

Please send a check for the remaining balance and all accrued interest or dividends to:

Oostburg State Bank F/B/O _____

Attn: _____ P.O. Box 700198 - 905 Center Avenue, Oostburg, WI 53070-0198
Bank Routing #: **075906346**

New Customer Account #: _____

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Myself Address for check: _____

Date: _____