

## SIMPLE SWITCH KIT

### 6 Simple Steps!

- 1. Open your new account at Frontier State Bank.
- 2. Sign up for Online Banking.
- 3. Stop using your former account and begin using your new account from Frontier State Bank as soon as possible.
- 4. Change your Direct Deposits to your new account.
- 5. Change your Automatic Payments to your new account.
- 6. Close your former account at the other institution.

#### 3 Simple Forms!

- 1. Direct Deposit Authorization Change Form
- 2. Automatic Payment Authorization Form
- 3. Account Closing Request Form

Getting started is simple! Use the checklist on the next page to help you organize what you need to simply switch to Frontier State Bank. This information will help you complete the various forms mentioned above.

Now, print the entire Simple Switch Kit and submit the forms to the appropriate individual or entity. It's that simple!







## SIMPLE SWITCH KIT

Use this form to gather all of your auto pay and deposit information in one place for easy reference. This will also assist you in setting up online bill pay through the Frontier State Bank.

Automatic Payment Checklist				
Pay	Company	Account Number	Amount	Date of Payment
Auto Loans				
Cable/TV				
Cell Phone				
Charities				
Credit Cards				
Daycare				
Electric				
Gas/Oil				
Health Club				
Insurance				
Internet Provider				
Investments				
IRA/Retirement				
Mortgage/Rent				
Telephone				
Trash Removal				
Tuition/School Expense				
Water				
Other				
Other				

Direct Deposit Checklist				
Pay	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Investment Incomes				
Pension(s)/Retirement Plans				
Social Security				
Other				
Other				





# Direct Deposit Authorization Change Form

Date		
	FRO	NTIER
	STAT	E BANK
Company Name	SIMPLE SW	/ITCH KIT
1 2		
City, State, Zip Code		
To Whom It May Concern:		
	and would like to change my account informits to my new account at Frontier State Bank.	ation for all direct deposits.
If you have any questions regarder your assistance.	arding this request, please contact me via the i	nformation below. Thank you
Sincerely,		
Authorized Signer	Date	
	Direct Deposit Information	
Name	Soci	cial Security Number or Employee Number
Address	City/State	Zip
Phone (Day)	Phone (Cell)	Phone (Evening)
Old Bank Name	Old Routing Number	Old Account Number
New Bank Name	New Routing Number	New Account Number





# Automatic Payment Authorization Form

Date			
	FRONTIER STATE BANK		
Company Name	SIMPLE SWITCH KIT		
City, State, Zip Code			
To Whom It May Concern:			
new account. Please discontinue deb from my new account at Frontier Sta	rould like my automatic payment with youting my old bank account and begin note Bank.  this request, please contact me via the i	naking automatic withdrawals	
Sincerely,			
Authorized Signer	Date		
Aut	tomatic Payment Information		
Name	Phone (Day)	Phone (Evening)	
Address	City/State	Zip	
Amount debited (Enter payment amount or "amoun	t due")		
Old Bank Name	Routing Number	Account Number	
Payment or Reason	Date of Payment		
New Bank Name	Routing Number	Account Number	





# Account Closing Request

Date		
Company Name		
City, State, Zip Code		
To Whom It May Concern:		
	ny authorization to close my account(s) at your bank ck for the remaining balance(s) to my address.	c. Please close the below
If you have any questions re you for your assistance.	garding this request, please contact me at via the in	formation below. Thank
Sincerely,		
Authorized Signer	Date	
	Account Closing Request	
Account #1		
Account #2		
Account #3		
Name	Phone (Day)	Phone (Evening)
Address	City/State	Zip