

SWITCH KIT

GETTING STARTED

Making the switch to more personalized banking today!

You can make the move to Bank of St. Francisville in three easy steps. Everything you'll need is provided in this handy Switch Kit and we cannot wait to welcome you to BSF where you'll enjoy a more personalized experience for all your banking needs.

1 *Open your new account.*

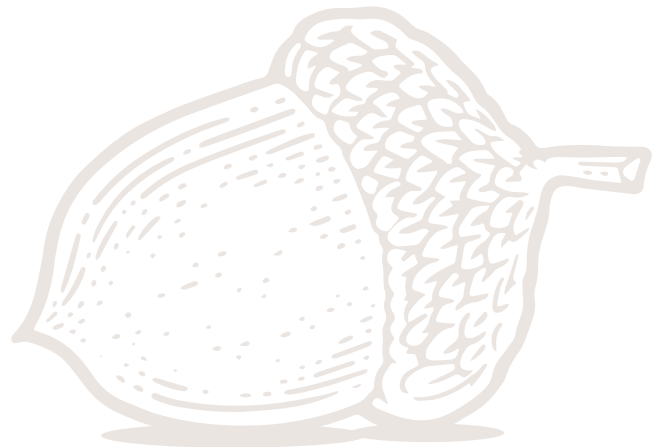
2 *Switch your direct deposits and automatic withdrawals.*

3 *Close your old account.*

BANK OF
ST. FRANCISVILLE



MEMBER FDIC



SWITCH KIT

DIRECT DEPOSIT AUTHORIZATION

You may use your keyboard to fill out this form online or you can print the form and complete it in writing.

Use this form to authorize your employer, retirement and pension funds, or any agency to deposit your payment directly into your BSF account. Please use one form for each direct deposit.

NOTIFICATION OF DIRECT DEPOSIT AUTHORIZATION CHANGE

Company or Employer:

Address:

City, State, Zip:

Phone Number:

Employee ID:
(if applicable)

Effective immediately, please deposit the net amount of my check to my Bank of St. Francisville account.

I authorize
(name of depositor)
to automatically deposit funds into the account below. This authorization shall remain in effect until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing to BSF.

Place an X next to your desired option

☐

Net amount to BSF CHECKING

Account #

Routing # **065202694**

☐

Net amount to BSF SAVINGS

Account #

Routing # **065202694**

Signature:

Date:

Name:

Mailing Address:

City, State, Zip:

Phone Number:

DIRECT DEPOSIT CHECKLIST:

Use this list to remember all your direct deposits you need to transfer.

- ☐ Payroll
- ☐ Investments
- ☐ Retirement Plans
- ☐ Social Security



SWITCH KIT

AUTOMATIC WITHDRAWAL AUTHORIZATION

You may use your keyboard to fill out this form online or you can print the form and complete it in writing.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Alternatively, many companies and agencies make it easy to change your payment information online on their website.

NOTIFICATION OF WITHDRAWAL AUTHORIZATION CHANGE

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone Number:

Please remove my automatic withdrawal from the following account:

Financial Institution:

Account #

Bank Routing #

Please make all future automatic withdrawals from the following account:

Financial Institution:

Bank of St. Francisville

Account #

Bank Routing #

065202694

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature:

Date:

Name:

Mailing Address:

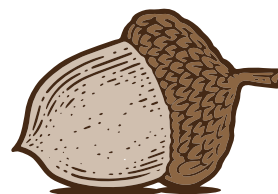
City, State, Zip:

Phone Number:

AUTOMATIC WITHDRAWAL CHECKLIST:

Use this list to remember all your automatic payments you need to transfer.

- ☐ Home Mortgage
- ☐ Auto Loans
- ☐ Utilities
- ☐ Insurance
- ☐ Cable/Internet
- ☐ Gym/Club Memberships
- ☐ Credit Cards
- ☐ Investments
- ☐ Subscriptions
- ☐ Charity Donations



SWITCH KIT

ACCOUNT CLOSURE AUTHORIZATION

You may authorize your remaining balance to be deposited automatically to your new BSF account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Please be sure to verify any outstanding items have cleared your former account with your prior financial institution.

NOTIFICATION OF ACCOUNT CLOSURE AUTHORIZATION

To Whom It May Concern:

Financial Institution:

Address:

City, State, Zip:

Please close my account:

Account Number: Primary Owner:

Address:

City, State, Zip:

Please send the remaining balance to:

Place an X next to your desired option.

☐

Please deposit directly to my account at Bank of St. Francisville.

Account #

Routing # **065202694**

☐

Please forward a check to me at the address listed below.

Primary Signature: Date:

Joint Signature:

Name:

Mailing Address:

City, State, Zip:

Phone Number:

CONGRATULATIONS!

By completing these forms you're one step closer to a truly personalized banking experience. We can't wait to show you the difference a local partner makes.

WELCOME TO BANK OF ST. FRANCISVILLE!



BSF.NET
(225) 635-6397