



(Main Office)
 113 W. North Water Street
 PO Box 268
 New London, WI 54961
 1-800-994-2500

SWITCH KIT CHECKLIST

We want to make your switch to First State Bank as easy as possible for you. Use this handy checklist to identify accounts, deposits, payments, and other account related transactions that you need to change. Then complete the appropriate forms from our Switch Kit to communicate your new account information. Your Relationship Manager can also help you with this.

New First State Bank Account Number(s):

Checking _____ Savings _____
 Debit Card _____ Other _____

First State Bank **Transit/ABA#: 075907497**

Direct Deposit (use Direct Deposit Authorization Form)

- Payroll Social Security Government Other _____ Form Mailed ___/___/___
 Company/Payer Name _____ Change Complete ___/___/___
- Payroll Social Security Government Other _____ Form Mailed ___/___/___
 Company/Payer Name _____ Change Complete ___/___/___
- Payroll Social Security Government Other _____ Form Mailed ___/___/___
 Company/Payer Name _____ Change Complete ___/___/___

Automatic Payments (use Automatic Payments Authorization Form)

	Company	Account#	Changed Online	OR	Form Mailed	Complete
Gas	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Electric	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Telephone	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Cell Phone	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Internet	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Cable/Satellite	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Water/Sewer	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Garbage	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Newspaper	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Insurance	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Mortgage	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Car Loan	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Credit Card	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Other (_____)	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>
Other (_____)	_____	_____	___/___/___		___/___/___	<input type="checkbox"/>



(Main Office)
113 W. North Water Street
PO Box 268
New London, WI 54961
1-800-994-2500

Accounts to Transfer/Close (use "Close My Account Authorization Letter")

Once you are certain that 1) all of your outstanding checks and payments have cleared your old account, 2) all of your direct deposits have been successfully switched, and 3) your automatic payments have been changed, you should be ready to notify your previous financial institution to close your accounts:

- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___
- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___
- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___
- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___
- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___
- Checking Savings Other _____ Financial Institution _____
Account# _____ Letter Mailed ___/___/___ Closure Complete ___/___/___