

> ACCOUNT SWITCH CHECKLIST

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family

You may check the boxes next to the items you've completed and keep this checklist handy. As you continue completing items, simply check off the boxes on your printed copy.

- Make sure all checks have cleared on your checking account.
- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn
- Double check maturity dates of accounts in order to avoid possible penalties
- Send notice to your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in your relationship*
- Send notice to your vendors who automatically take your payments from your Checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account*
- Send notification of new account information to vendors who you want to continue to generate automatic withdrawals instead of paying by Bill Pay*; or use this notification to start a new automatic payment with a vendor
- Send notice to the financial institution that you are closing the account*

**** A form is available in this Switch Kit for switching purposes.***



811 East Grand Avenue, P.O. Box 669
Wisconsin Rapids, Wisconsin 54495
Phone: (715) 423-6460
Toll Free: 1 (866) 423-6460

292 Matherhorn Trail
Nekoosa, Wisconsin 54457
Phone: (715) 325-7900

> SWITCH KIT FORMS LIST

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New Account Conversion Checklist

Account Closing Letter

Automatic Payment Transfer Form

- Cancellation
- Authorization

Direct Deposit Change Form

New Account Information Form



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> NEW ACCOUNT INFORMATION

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APPLICANT (if joint, see back side)

Name _____

Home Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Previous Address (if less than 2 year) _____ Rent _____ Own _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Work Phone Number _____ Ext _____

E-mail _____

SSN _____ Date of Birth _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Position _____

Driver License Number _____ State _____

Date of issue _____ Expiration Date _____

Signature

Mother's Maiden Name

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



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JOINT APPLICANT

Name _____

Home Address _____ Rent _____ Own _____

City _____ State _____ Zip _____

Previous Address (if less than 2 year) _____ Rent _____ Own _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Work Phone Number _____ Ext _____

E-mail _____

SSN _____ Date of Birth _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Position _____

Driver License Number _____ State _____

Date of issue _____ Expiration Date _____

Signature

Mother's Maiden Name

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



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> CLOSE ACCOUNT

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Date

Financial Institution Name

Address

City, State, Zip

To Whom It May Concern:

Please close my Account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the Day/Evening (circle one) at (____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip



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> CHANGE PAYROLL DIRECT DEPOSIT

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Date

Employer/Depositor's Name

Address

City, State, Zip

You are currently depositing MY ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Financial Institution: _____
Routing Number: _____
Account Number: _____

Please stop making deposits to that account and instead send them to:

KeySavings Bank
Routing Number: 275971838
Account Number: _____

If you have any questions about this request, please contact me during the Day/Evening (circle one) at (____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



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> CHANGE YOUR AUTOMATIC WITHDRAWAL

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Date

Name of Company Making Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount)

for my _____ (what payment is for)

at _____ (account or other identifying number),

on _____ (recurring date)

from the following account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

KeySavings Bank

Routing Number: 275971838

Account Number: _____

If you have any questions about this request, please contact me during the Day/Evening (circle one)

at (____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



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