

## SIMPLE SWITCH KIT

### 6 Simple Steps!

- 1. Open your new account at Washita State Bank.
- 2. Sign up for Online Banking.
- 3. Stop using your former account and begin using your new account from Washita 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 Washita 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 Washita 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   |  |                                |  |
|--|--|--------------------------------|--|
|  | WSB<br>Washita State Bank<br>SIMPLE SWITCH KIT |                                |  |
|  |  |                                |  |
|  |  |                                |  |
| Name   |  |                                |  |
|  |  |                                |  |
| City, State, Zip Code  |  |                                |  |
| To Whom It May Concern:  |  |                                |  |
| I have recently changed banks and would like the Please begin making all deposits to my new ac |  | or all direct deposits.        |  |
| If you have any questions regarding this requestor your assistance.                            | st, please contact me via the information      | ation below. Thank you         |  |
| Sincerely,   |  |                                |  |
| Authorized Signer  | Date   |                                |  |
| Direct I   | Deposit Information                            |                                |  |
| Name   | Social Secu                                    | rity 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             |  |
| Washita State Bank   | 103105446                                      |                                |  |





# Automatic Payment Authorization Form

| Date   |                                      |                             |  |
|--|--------------------------------------|-----------------------------|--|
|  | WCD                                  |                             |  |
|  | W                                    | 吊                           |  |
|  | Washita State Bank SIMPLE SWITCH KIT |                             |  |
| Name   |                                      |                             |  |
| City, State, Zip Code  |                                      |                             |  |
| To Whom It May Concern:  |                                      |                             |  |
| I have recently changed banks and would lik<br>new account. Please discontinue debiting my<br>from my new account at Washita State Bank. | old bank account and begin r         |                             |  |
| If you have any questions regarding this requ for your assistance.   | est, please contact me via the i     | nformation below. Thank you |  |
| Sincerely,   |                                      |                             |  |
| Authorized Signer  | Date                                 |                             |  |
| Automati   | c Payment Information                |                             |  |
| Name   | Phone (Day)                          | Phone (Evening)             |  |
| Address  | City/State                           | Zip                         |  |
| Amount debited (Enter payment amount or "amount due")  | _                                    | _                           |  |
| Old Bank Name  | Routing Number                       | Account Number              |  |
| Payment or Reason  | Date of Payment                      |                             |  |
| New Bank Name  | Routing Number                       | Account Number              |  |
| Washita State Bank   | 103105446                            |                             |  |





# Account Closing Request

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