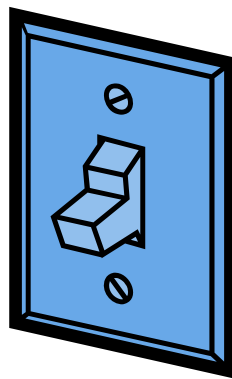


State Bank of Prairie du Rocher

EASY SWITCH KIT

EASY AS 1-2-3



Locations in

*Prairie du Rocher
219 Market St.
Prairie du Rocher, IL
618-284-3440*

and

*Red Bud
1320 West Market St
Red Bud, IL
618-282-2265*

pdrbank.com

1-2-3- Switch Kit Instructions

1. Open your account with a new accounts person.
We have many options –
Free Checking, Regular Checking,
Now Checking, Golden Era Club
Stop using your old account and wait until all transactions have posted before you close your account.
2. Fill out the authorization forms for Direct Deposits and Automatic Withdrawals –
We will help you with forms and phone calls.
Don't forget your recurring transactions thru the internet and debit cards.
3. Now close the account with your former bank. Be sure all direct deposits and withdrawals have stopped and all outstanding checks and debits have cleared.

After Opening Your Account

Debit Cards may be issued.
Check Orders are printed in-house and picked up the following day of order.
Free Internet Banking with Bill Pay and Electronic Statements available at time of account opening.
Friendly, efficient service every time!!

Check this list of companies you may need to notify about switching your account to State Bank of Prairie du Rocher.

Automatic Payment Check List

√Mortgage	√Cable	√Electricity
√Investments	√Charities	√Internet
√Insurance	√Credit Cards	√Telephone
√Loans	√Health Clubs	√Cell Phone

Direct Deposit Check List

√Payroll	√Social Security	√Retirement
√Pensions	√HH Bonds	

You can also call the agencies to change any direct deposits of government benefits to your new account.

1. Social Security Administration – 800-772-1213
2. Department of Veterans Affairs - 800-827-1000
3. Office of Personnel Administration – 888-767-6738
4. We have the forms you need for any interest from HH Bonds.

Revocation of Prior Authorization and
Authorization for Automatic Direct Deposit

Company Information

Company Name

Company Address

City

State

Zip

I/we revoke all prior authorizations of the Company listed above to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our State Bank of Prairie du Rocher account identified below for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

Bank Name: **State Bank of Prairie du Rocher**

Routing #: **081910575**

Bank Address: **PO Box 345**

Prairie du Rocher, IL 62277

Bank Account Number: _____

Checking

Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and State Bank of Prairie du Rocher a reasonable opportunity to act on it.

Signature(s)

Printed Name(s)

Date

Submit the original to the Company and a copy to the institution that had your old accounts. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

Switch Kit
Form #2

Revocation of Prior Authorization and
Authorization for Preauthorized Payments

Company Information

Company Name

Company Address

City

State

Zip

I/we revoke all prior authorizations of the Company listed above to initiate preauthorized payments from or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate any debit entries to my/our State Bank of Prairie du Rocher account identified below for the purpose of completing the following preauthorized payments:

Amount: \$ _____ May vary May not exceed \$ _____

Frequency: Weekly Monthly _____

Termination Date: _____ (optional)

Bank Name: **State Bank of Prairie du Rocher**

Routing #: **081910575**

Bank Address: **PO Box 345
Prairie du Rocher, IL 62277**

Bank Account Number: _____

Checking Savings

I/we hereby authorize the Company to initiate variable debit entries from my account indicated above at State Bank of Prairie du Rocher and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and State Bank of Prairie du Rocher a reasonable opportunity to act on it.

Signature(s)

Printed Name(s)

Date

Submit the original to the Company and a copy to the institution that had your old accounts. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

Account Closing Form

Customer Information

Name as styled on account at existing Financial Institution

Address _____ City _____ State _____ Zip _____

Please Transfer My Account From:

Name of Financial Institution

Financial Institution Address _____ City _____ State _____ Zip _____

Account Number(s)

Checking _____

Savings _____

Transfer Information:

Please transfer the entire amount and close my account.

Make this transfer immediately.

Make this transfer on (date) _____.

Transfer My Funds To:

State Bank of Prairie du Rocher

PO Box 345

Prairie du Rocher, IL 62277

I/we hereby direct you to mail a check payable to me for the balance of my account to **“Credit to the State Bank of Prairie du Rocher Account # _____”** at the address listed above. I (we) authorize State Bank of Prairie du Rocher to obtain information about my account at your financial institution in order to process this transaction.

Signature(s)

Printed Name(s)

Date

Submit the original to the institution that had your old accounts and retain a copy for your files.