



[www.seilingsb.com](http://www.seilingsb.com) | 580-922-4211

Seiling State Bank provides the quality resources you need to help you reach your financial goals. Use this Switch Kit to easily transition your accounts from your current bank to SSB safely and securely.

**Please contact us if you have any questions or need assistance in making the switch. Stop by our Seiling or Woodward locations or contact 580-922-4211 to speak to a Customer Service Representative.**



# Close Account Authorization

The form below can be used to help ensure your discontinued account(s) are closed properly. Please complete one form for each former financial institution. The form(s) can be mailed to the appropriate financial institution or, if you prefer, our team members at a Seiling State Bank location will be happy to assist you. Simply bring your completed form(s) by a Seiling State Bank location or email them to your account officer @seilingsb.com.

Date: \_\_\_/\_\_\_/\_\_\_

**Former Financial Institution** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To whom it may concern: This letter serves as a request to close the following account(s):**

Account Number \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_  Checking  Savings

**Please send a check for the remaining balance to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have any questions, contact me at this phone number \_\_\_\_\_

Sincerely,

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature (if needed) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Transfer Direct Deposit

The form below can be used to help ensure there are no disruptions in your direct deposits. Please complete one form for each depositor. The form(s) can be mailed to your employer or the appropriate business or, if you prefer our team members at a Seiling State Bank location will be happy to assist you. Simply bring your completed form(s) by a Seiling State Bank location or email them to your account officer @seilingsb.com.

Date: \_\_\_/\_\_\_/\_\_\_

Deposit Originating Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To whom it may concern: This letter serves as a request to have my direct deposits transferred to my new account with Seiling State Bank. I hereby authorize to have my direct deposit switched to my account with Seiling State Bank as follows:**

Seiling State Bank:  Checking  Savings

Routing Number 103106283 Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security (if required) \_\_\_\_\_

**Make this change effective:** \_\_\_/\_\_\_/\_\_\_

Sincerely,

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Attach Voided Check here (if required)**

**Did you remember all your accounts? Use this checklist to help you remember all the depositors from which you receive funds:**

\_\_\_\_ Employer/ Payroll      \_\_\_\_ Government      \_\_\_\_ Investments

\_\_\_\_ Social Security      \_\_\_\_ Retirement Fund



# Change Automatic Payments

The form below can be used to help ensure there are no disruptions in your automatic payment. Please complete one form for each vendor. The form(s) can be mailed to your employer or the appropriate business or, if you prefer our team members at a Seiling State Bank location will be happy to assist you. Simply bring your completed form(s) by a Seiling State Bank location or email them to your account officer @seilingsb.com.

## To whom it may concern:

You are currently withdrawing \$ \_\_\_\_\_ for company \_\_\_\_\_

Account/ Policy Number \_\_\_\_\_ from the following account:

Former Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_ Pleased redirect my automatic payment to come from my account at Seiling State Bank as follows:

Seiling State Bank:  Checking  Savings

Routing Number 103106283 Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sincerely,

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Did you remember all your accounts? Use this checklist to help you remember all the businesses for which you pay funds on:

_____ Mortgage	_____ Electric/ Gas/ Water	_____ Subscriptions, i.e.
_____ Auto Loan	_____ Cell Phone Bill	newspapers, online stores,
_____ Health Insurance	_____ Cable TV	etc.
_____ Life Insurance	_____ Internet Provider	
_____ Credit Card	_____ Investments and Annuities	

