



DeMotte State Bank

*Happy Banking!*

Make the switch to the Bright Side of Banking with DSB! We look forward to meeting all of your banking needs with the technology of today and the personal service of a community bank. The following forms are a DSB Switch Kit that will make your transition to DSB as smooth as possible. Please use the following fillable forms to move your Direct Deposits and Automatic Payments to your new DSB account. We also have provided a form to submit to your current bank to authorize closure of your current accounts.

Know Before You Go! Follow these simple steps to a banking partnership with DeMotte State Bank.

*1.) Open your new account(s) with DeMotte State Bank*

Visit any of our 10 full-service locations throughout Northwest Indiana and find the account that is right for you by meeting with one of our New Accounts Representatives.

*2.) Get organized*

We are here to help your transition to DSB go as smoothly as possible. Please use the following forms to identify any direct deposits and automatic payments need to be transferred to your new account.

*3.) Move your Direct Deposits to your DSB account*

At DSB we value your money like we value our own, so we do not want you to miss a payment! Please notify your employer(s), the U.S. Social Security Administration, and any other potential source of income that you will be transitioning your funds to DeMotte State Bank.

*4.) Move your Automatic Payments to your DSB account*

Please ensure that all automatic payments get transferred over to your DSB account such as, mortgage/rent, utility bills, insurance, any recurring memberships, etc. that you may have.

*5.) Close your account at your last financial institution*

Once all your Direct Deposits have been transitioned to your new account at DSB and all Automatic Payments are being deducted from your DSB account, you can close your old account. Also, be sure to verify that any outstanding checks have cleared prior to closing your account.

*Need any assistance with these forms?*

Please contact a New Accounts Representative at any full-service DSB location. We look forward to making your transition to DSB as seamless as possible! Stop by, call us at 219-987-4141, or visit [www.netdsb.com](http://www.netdsb.com) for more information on hours and locations.



**COMPUTER SECURITY TIP**

To protect your private information, please fill out these forms on a non-public computer. If you do not have access to a non-public computer, we recommend that you print these forms prior to filling them out.



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To:

From:

Please close the account(s) noted below and mail the balance in the form of a cashier's check, including any accrued interest, to my home address listed above.

I have confirmed that all transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

### Authorization to Close Account

Account Number: \_\_\_\_\_  Checking  Savings  CD

Account Number: \_\_\_\_\_  Checking  Savings  CD

Account Number: \_\_\_\_\_  Checking  Savings  CD

Account Number: \_\_\_\_\_  Checking  Savings  CD

Account Number: \_\_\_\_\_  Checking  Savings  CD

Account Number: \_\_\_\_\_  Checking  Savings  CD

I hereby authorize the closure of the above accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (If applicable, joint owner): \_\_\_\_\_ Date: \_\_\_\_\_



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## Automatic Payment Change Request

Do you currently have automatic payments from your checking account? If you do, you'll want to notify these organizations to begin deducting the payments from your new DeMotte State Bank account.

Complete the form below, detach, and include it in an envelope with a voided check from your new DeMotte State Bank account. Mail it to the appropriate companies or organizations that you have authorized to make withdrawals from your account.

While most companies accept this form, there may be some that require you to complete their own change request form.

Please make additional copies as needed or download directly from our website, [www.netdsb.com/quick-links](http://www.netdsb.com/quick-links).

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### Automatic Payment Change Request Form

To (Payee Name):	
Payee Address:	
Account Number (Insert your account number with the Payee):	
Your Name:	
Your Address:	
I have opened a new account at DeMotte State Bank, please change your records so that my electronic payments to you are deducted from my new account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
DeMotte State Bank Routing Number: <b>074911138</b>	DeMotte State Bank Account Number:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHED VOIDED CHECK HERE**



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### Direct Deposit Enrollment

New Request       Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want all funds directly deposited into the DeMotte State Bank account(s) specified below.

NAME:	SOCIAL SECURITY NUMBER:
ADDRESS:	
CITY, STATE, ZIP CODE	

I hereby authorize (company/organization) \_\_\_\_\_ hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.

### Primary Account

Depository Name: <b>DEMOTTE STATE BANK</b>	Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number: <b>074911138</b>	Amount to Deposit: <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____

If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:

### Optional Secondary Account

Depository Name: <b>DEMOTTE STATE BANK</b>	Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number: <b>074911138</b>	Amount to Deposit: <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

