



STATE BANK
OF NEW PRAGUE

Make a change for the
better in 5 EASY steps!

Personal Switch Kit

Step 1: Open a State Bank of New Prague Checking Account!

- ✿ Our Customer Service Representatives will help you determine what account best suits your needs.
- ✿ To make this process even easier, have the account application form filled out when you come in to open your checking account!

Step 2: Stop using your previous checking account.

- ✿ Make sure you allow time for any outstanding checks and debit card purchases to clear your account.
- ✿ Bring your old checks, deposit slips, ATM or debit cards to us, and we will shred them for you to ensure privacy.

Step 3: Move your direct deposits to State Bank of New Prague.

- ✿ Use the direct deposit request form for each deposit that will go into your new account to make this process effortless.

Step 4: Transfer any automatic payments to State Bank of New Prague.

- ✿ Use the automatic payment request form to send to each vendor that you make an automatic payment to.
- ✿ We also offer you another effortless way to pay your bills with our free Online Banking and Bill Pay.*

Step 5: Close your previous checking account.

- ✿ Our account closing request form makes this process hassle-free.

If you have any questions on using any of these forms, please call our Customer Service Representatives and we will be happy to help you in any way we can!

Bill Pay is free if it is used at least one time per calendar month. A charge of \$5 will appear on your statement the 1st day of the month following the month of inactivity.



Deposit Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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 that opens an account. What this means to 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.

APPLICANT

| | | | | |
|------------------------|-------|---------------------------|-------------------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| First | MI | Last | Social Security # | Birthday |
| _____ | | _____ | _____ | _____ |
| Street Address | | City | State | Zip Code |
| _____ | | _____ | _____ | _____ |
| Drivers License Number | | Expiration Date | Home Phone | Years in MN |
| _____ | | _____ | _____ | _____ |
| Employer Name/Address | | Business Phone/Cell Phone | | E-Mail Address |

CO-APPLICANT / BENEFICIARY

| | | | | |
|------------------------|-------|-----------------|-------------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| First | MI | Last | Social Security # | Birthday |
| _____ | | _____ | _____ | _____ |
| Street Address | | City | State | Zip Code |
| _____ | | _____ | _____ | _____ |
| Drivers License Number | | Expiration Date | Home Phone | Years in MN |

CO-APPLICANT / BENEFICIARY

| | | | | |
|------------------------|-------|-----------------|-------------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| First | MI | Last | Social Security # | Birthday |
| _____ | | _____ | _____ | _____ |
| Street Address | | City | State | Zip Code |
| _____ | | _____ | _____ | _____ |
| Drivers License Number | | Expiration Date | Home Phone | Years in MN |

- 1.) Have you had a transaction account at this or another financial institution within 12 months before making this application? **Yes / No**
 Name of Institution: _____
- 2.) Have you had a transaction account closed by a financial institution without your consent within 12 months? **Yes / No**
- 3.) Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months? **Yes / No**
- Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

| | | | |
|-----------------------|------|--------------------------|------|
| X | | X | |
| Applicant's Signature | Date | Co-Applicant's Signature | Date |

For Office Use Only:

| | | |
|--|--|--|
| CHEXSYSTEM VERIFICATION: _____ | EMPLOYEE: _____ | O LFAC CHECK: VERIFIED / EXISTING CUSTOMER |
| RECORDS (if any): _____ | Check Order / Savings Order _____ | TY sent _____ |
| Checking: | Savings: | _____ |
| <input type="checkbox"/> Package | <input type="checkbox"/> Regular | Portfolio Number |
| <input type="checkbox"/> Free | <input type="checkbox"/> Money Market | _____ |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Optima Plus | Account Number |
| <input type="checkbox"/> VISA Check Card | <input type="checkbox"/> Saver's Express | |
| <input type="checkbox"/> ATM Card | | |



Check/ATM Card Application

FILL OUT THE FOLLOWING IN ITS ENTIRETY (ONE PER APPLICANT) AND BRING IT TO THE BANK WHEN YOU COME IN TO OPEN YOUR ACCOUNT.

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

WORK PHONE NUMBER

MOTHER'S MAIDEN NAME (FOR SECURITY PURPOSES)

CHECKING ACCOUNT NUMBER

SAVINGS ACCOUNT NUMBER

SIGNATURE

DATE

IS THIS FOR AN **ATM ONLY** CARD OR A DEBIT/ATM CARD? ATM ONLY _____ DEBIT/ATM _____

IS THIS A REPLACEMENT FOR A LOST OR STOLEN CARD? YES _____ NO _____

FOR FINANCIAL INSTITUTION USE ONLY

Account Open Date ____/____/____ Approval Initials _____ ATM CARD _____ CHECK/ATM CARD _____

PAN Number _____





Direct Deposit Change Request Form

Instructions: Complete this authorization to change direct deposits to State Bank of New Prague. Please attach a voided check from your new State Bank of New Prague account.

Date

Company Name (payroll or accounting department)

Address

City, State, Zip

Please discontinue my direct deposit from:

Prior Bank: _____

Former Bank Routing Number: _____

Former Account Number: _____

Please begin making deposits to my new account at:

State Bank of New Prague

Bank Routing Number: 091902706

Account Number: _____

Bank Phone: (952) 758-4491

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

_____. Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



Automatic Payment Change Form

Instructions: Complete this authorization to have automatic withdrawals made from your State Bank of New Prague account. Print one authorization for each company that makes automatic withdrawals from your account, including automatic payments made by debit cards also.

Date

Name of Company that makes Automatic Withdrawal

Address

City, State, Zip

Please change my automatic payment from:

Bank: _____

Bank Routing Number: _____

Account Number: _____

Please begin withdrawals from my new account at:

State Bank of New Prague

Bank Routing Number: 091902706

Account Number: _____

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

_____. Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



Account Closing Request

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your State Bank of New Prague account. Print one authorization for each financial institution where you have accounts. Remember to destroy old checks and your old ATM and debit cards or bring them in to us and we will shred them for you.

Date: _____

To (Current Bank): _____

Attn: Customer Service Department

Address: _____

City/State/Zip _____

PLEASE CLOSE THE FOLLOWING ACCOUNT(S) WITH YOUR INSTITUTION effective as

of _____.

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Please send a check for the remaining balance plus accrued interest to:

State Bank of New Prague
Attn: Customer Service FBO _____
1101 First Street SE (Your Name Here)
New Prague, MN 56071
(952) 758-4491

Please call if you need more information.

Sincerely,

Signature

Name

Address

City/State/Zip

Telephone Number



Switch Kit Organizer

Use this page to keep track of all of the information you need to switch (deposits and/or automatic payments) to your new State Bank of New Prague account.

| | |
|--|-----------|
| Your State Bank of New Prague Account Number | |
| Your State Bank of New Prague Routing Number | 091902706 |

Need Help? Call us at (952) 758-4491 if you have any questions regarding your "switch" to State Bank of New Prague.

| | Company Name and Address | Date Letter Mailed | Estimated Switch Date | Complete? |
|--|---------------------------------------|---------------------------------|---------------------------------|-----------------------------|
| Direct Deposit: | 1. | | | OYes O No |
| | 2. | | | OYes O No |
| | 3. | | | OYes O No |
| Automatic Payments: | 1. | | | OYes O No |
| | 2. | | | OYes O No |
| | 3. | | | OYes O No |
| | 4. | | | OYes O No |
| | 5. | | | OYes O No |
| Close Old Account: Make sure all outstanding checks have cleared before closing your account | Outstanding Checks Payable to: | Outstanding Check Number | Outstanding Check Amount | Date Cleared Account |
| | | | | |
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