

Central State Bank



SIMPLE
ACCOUNT
SWITCH
KIT



Simple Switch Kit
Switch to Central State Bank

Account Application

Individual Account Holder	Joint Account Holder
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email Address	Email Address
Driver's License Number, State	Driver's License Number, State
SSN	SSN
Date of Birth	Date of Birth
Employer	Employer
Occupation	Occupation

To complete account opening, please print and bring this information with you to any of Central State Bank's 7 locations in Elkader, Marquette, McGregor, Coralville, Cedar Rapids, Swisher or Walford, IA. Additional forms will need to be signed by both the primary and joint account holders. You will need to bring your valid driver's license, passport, or military ID, plus additional forms of identification.

www.centralstate.bank

Elkader (563) 245-2110 Marquette (563) 873-3553 McGregor (563) 873-3425
 Coralville (319) 625-2050 Cedar Rapids (319) 393-9931 Swisher (319) 857-4131 Walford (319) 846-2650



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Authorization to Change Direct Deposit

Company Name _____ Attn: _____

Company Address _____ City, State, Zip _____

Employee _____ Employee SSN _____

Employee ID _____ Department Name _____

Home Address _____ City, State, Zip _____

Work Phone _____ Home Phone _____

I authorize you to change my Payroll direct deposit to my new Central State Bank account effective beginning _____ (please allow 3 to 4 weeks).
 (Date)

Current Direct Deposit:

Old Financial Institutions	Account Number	Routing Number	Amount

Redirect my direct deposit to:

	Account Number	Routing Number	Amount
Central State Bank		073905608	

Authorized signature _____ Date _____

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Account Closing Form

Previous Bank _____

Address _____

City _____ State _____ Zip _____

From:

Primary Account Holder's Name _____

Primary Social Security Number _____

Address _____

City _____ State _____ Zip _____

Please close the following account(s)

Please forward funds according to closing date to:

Central State Bank

FBO _____
(customer name)

102 North Main Street
Elkader, IA 52043

Account Type	Account Number*	Check here to send payment immediately*	Special Instructions

I authorize you to close the accounts listed above and forward the funds to Central State Bank.

Primary Account Holder Signature _____

Secondary Account Holder Signature _____

Date _____

*Please make sure all checks and all automatic debits have been switched prior to closing your account.
We recommend viewing two months statements to ensure you have switched them all.

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Automatic Payment Switch Form

Merchant or Utility Name _____	From _____
Address _____	Customer Name _____
City, State, Zip _____	Address _____
Merchant or utility account number _____	City, State, Zip _____

Financial Information

Please redirect my automatic withdrawal from my old account	To my new Central State Bank account
Bank Name:	Routing #: 073905608
Routing #:	Account #:
Account #:	Amount of withdrawal:
	Effective date:

I, _____ (print name), authorize you to redirect payment from my old account to my new account effective _____. If you have questions, please contact me at the following phone number _____.

Signature _____ Date _____

Please complete a separate form for each automatic withdrawal you are switching. To save time and money, stop by any Central State Bank location for assistance in completing your forms. We will make it simple by completing the switch and mailing the forms to the address you listed, postage is on us!

Thank you for choosing CSB!

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