

# Welcome to TSB!

We know the thought of changing banks may make you feel uneasy at first, but with the help of the knowledgeable staff at Tompkins State Bank, it will be a simple and painless process. You will truly experience Community Banking at its best with Tompkins State Bank.

Enclosed you will find all the necessary paperwork you will need to provide in order to switch everything to Tompkins State Bank. This includes your payroll department, insurance companies, and/or social security office, just to name a few. We have provided a checklist for your convenience to use as a guide to assist you in remembering the necessary people and places that would need to be notified.

- Switch Kit Guideline
- Direct Deposit Authorization
- Direct Debit Authorization
- Release of Information

If you should have any questions, feel free to contact us at any of the following locations:

Avon	Abingdon	Knoxville	Galesburg
P.O. Box 319	P.O. Box 299	P.O. Box 299	1380 N Henderson St
Avon, IL 61415	Abingdon, IL 61410	Knoxville, IL 61448	Galesburg, IL 61401
(P): 309-465-3834	(P): 309-462-5541	(P): 309-289-5541	(P): 309-342-8161
(F): 309-465-3929	(F): 309-462-5736	(F): 309-289-5736	(F): 309-342-0784

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www.tompkinsstatebank.com



#### Let's get started!

A few things to note; first, you will need the last two (2) months' bank statements from your old accounts. You will use these to list all direct deposits and auto debits coming to or from your account on the handy checklists in this packet. Please keep in mind it may take up to two (2) statement cycles to get all your deposits and debits switched to your account with Tompkins State Bank.

Automatic Debit Authorization Form: Many places that use automatic debits to take payment for monthly memberships/subscriptions allow you to change your payment methods using your online account, other places may require written requests for payment method changes. In those instances, use this form to switch your monthly recurring deductions to Tompkins State Bank. You may also wish to attach a copy of a voided check to send along with the form. Make as many copies of this form as you need for each recurring debit you'll be switching. Please note, some businesses may have additional forms they require, or their own forms they prefer that you use instead.

**Automatic Deposit Authorization Form:** Use this form to switch any direct deposits such as payroll, dividends, social security, annuities, disability, or any other recurring automatic credits that are made into your account to your new account with us. Please note, your employer, or any other business making direct/automatic deposits into your account, may have a form that they prefer you to use instead. Please check with each institution on their preferred method, and if there are any additional forms you would need to provide/sign to make the switch. You will need to make a copy of the form for each direct deposit you're switching over.

For reference, use this place to keep track of your <b>old</b> bank account numbers.		
Financial Institution:	Routing Number:	
Account Number	Account Number	
Account Number	Account Number	

Before closing your account with your prior financial institution, you'll first need to take a moment to determine if all your outstanding checks and automatic debits have cleared. Once all automatic debits and checks have cleared your account, you can close your old accounts at your prior financial institution.

# **Outstanding Check Guide**

Account	Payable to:	Check #:	<u>Amount:</u>	<u>Date Cleared:</u>

#### **Outstanding Auto Debit Guide**

Payable to:	Amount:	Date of Debit:

### **Direct Deposit Checklist**

Review your last two (2) months' banks statements, and complete the checklist form below for a review of the automatic deposits you currently have on your existing accounts. For each of the direct deposits listed in this section, you will need to complete the appropriate Change of Direct Deposit Form.

Deposit:	Company:	Account #:	Phone #:	Switch Done:
Payroll:				
Payroll:				
Pension				
Social Security				
Other:				
Other:				
Other:				

#### **Direct Debit Checklist**

Using the last two (2) months' bank statements, complete the checklist below for a review of the automatic debits you currently have on your existing accounts, and keep track of the companies to have switched.

Payment	Company:	Account #:	Phone #:	Switch Done:
Mortgage				
Car				
Credit Card				
Health Insur.				
Car Insur.				
Phone				
Electricity/Gas				
Water				
Internet				
TV/Streaming				
Other				
Other				
Other				

## Automatic Debit Authorization

Company Name:	<del></del>			
Company Address:				
City, State, Zip Code:				
I have recently switched banks and will need to my new account at Tompkins State Bank.	to have my direct debits switched from my old account			
My personal information is as follows:				
Name:	Debit Amount:			
Account Number :	Phone Number:			
Financial Institution:  Account Number:  I authorize you to change this debit to my new				
Account Number:	Bank Routing Number: <u>071109202</u>			
Effective: Immediately or Beginning//_				
Customer Signature:	Date:			
Bank Representative:	Date:			
Notary Signature	Date			



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# Direct Deposit Authorization

Company Name:			
Company Address:			
City, State, Zip Code:			
have recently switched banks and will neaccount to my new account at Tompkins State	eed to have my direct deposits switched from my old e Bank.		
My personal information is as follows:			
Name:	Debit Amount:		
Account Number :	Phone Number:		
Financial Institution:  Account Number:  Authorize you to change this credit to my ne	uting Number:		
Account Number:			
Effective: Immediately or Beginning//	This is a: Checking Savings		
Customer Signature:	Date:		
Bank Representative:	Date:		
Notary Signature	 Date		



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#### Release of Information

I hereby authorize **Tompkins State Bank** to receive information necessary on my existing account with you. I have recently opened an account with **Tompkins State Bank**, and I wish to transfer my deposits/debits to this new account. All information provided will be used solely for the purpose of moving deposits/debits to this new account. Thank you for your cooperation in this matter.

Name	Date
Last 4 of Social Security Number	Account Number
Signature	Date
Notary Signature	

