Tompkins State Bank

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 into this matter.

_____
Name

_____
Social Security Number

_____
Account Number

Tompkins State Bank

Direct Deposit/ Direct Debit Checklist

Simply complete the checklist form below for a review of the automatic **deposit/debits** you currently have on your existing account.
For each item listed in the deposit section, please complete the appropriate *Change of Direct Deposit* form.

Deposits	**Company Name**	**Account #**	**Phone #**	**Switch Completed**
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				
Other				

Payments

Mortgage				
Car				
Car				
Insurance – Health				
Insurance – Car				
Telephone				
Electricity / Gas				
Water				
Health Club				
Internet				
Cell Phone				
Cable				
Other				
Other				

** Please review your last 3 months statements to ensure you have included all of your deposits and debits**

Tompkins State Bank

Direct Debit Authorization

Complete this form for all automatic debits you wish to switch to the new account.

To: _____
Company

_____
Address

_____
City, State Zip Code

_____
Phone Number (if available)

I have recently changed banks and will need to have my direct debit switched from my old account to my new account with Tompkins State Bank.

My personal information is as follows:

Name: _____

Social Security Number: _____
(for verification purposes only)

I currently have my direct debit coming from:

Financial Institution: _____

Account Number: _____

Routing Number: _____

I Authorize you to change this debit to my new **Checking*** account with **Tompkins State Bank.**

Account Number: _____

Routing Number: **071109202**

Customer Signature: _____Date: _____

Bank Representative: _____Date: _____

_____
(Notary if applicable)

*Automatic Debits may only be made from a checking account.

Tompkins State Bank

Direct Deposit Authorization

Complete this form for all automatic deposits you wish to switch to the new account.

To: _____
Company

_____
Address

_____
City, State Zip Code

_____
Phone Number (if available)

I have recently changed banks and will need to have my direct deposit switched from my old account to my new account with Tompkins State Bank.

My personal information is as follows:

Name: _____

Social Security Number: _____
(for verification purposes only)

I currently have my direct deposit going to:

Financial Institution: _____

Account Number: _____

Routing Number: _____

I Authorize you to change this deposit to my new account with **Tompkins State Bank.**

Checking / Savings (please circle type of account)

Account Number: _____

Routing Number: **071109202**

Customer Signature: _____Date: _____

Bank Representative: _____Date: _____

_____
(Notary if applicable)

Tompkins State Bank

Outstanding Checks / Debits Guide

Before closing your account with your current financial institution please take a moment to determine if all of your outstanding checks have cleared. Please keep in mind it may take up to 2 statement cycles to get all deposits and debits switched to your account with Tompkins State Bank.

Outstanding Check Guide

Payable to	***Check #***	***Amount***	***Date Cleared***

Outstanding Debit Guide

Payable to	Amount	Date of Last Debit

Tompkins State Bank

Account Closing Authorization

To Whom It May Concern:

Please close the following account to be effective on _____.

Name(s) on the account: _____

_____

Type of account: ____ Checking _____ Savings

Account # _____

_____There is no disbursement of funds necessary.

_____The account balance is zero.

_____I have deposited a check for the balance in my new account at Tompkins State Bank.

_____Disbursement of funds is necessary. Please prepare a cashier's check for the balance of the account made payable to:

_____Names on the account

_____Tompkins State Bank for the benefit of _____
(Tompkins State Bank account holder's name)

Please include my checking/savings account number _____ on the check and mail to:
(Please circle the appropriate location)

Tompkins State Bank
PO Box 319
Avon, Illinois 61415

Tompkins State Bank
PO Box 299
Abingdon, Illinois 61410

Tompkins State Bank
PO Box 299
Knoxville, Illinois 61448

Tompkins State Bank
1380 N. Henderson St.
Galesburg, Illinois 61401

Attention: _____

Signature: _____ Date: _____