

Switch your accounts with ease.

If you think that it's going to be a hassle to switch from your current financial institution to The Farmers State Bank, we have some great news! At The Farmers State Bank, we make it easy for you to change - because we do all the work for you! Simply fill out these applications and return the signed forms to The Farmers State Bank.

Step 1 - Open your NEW FSB account.

We offer a full range of account options to meet your financial needs. FSB will need at least one form of picture ID's (Driver's license, Passport, etc.) and Social Security number proof (social security card, bank statement with social security number, etc.).

Step 2 - Switch over your automatic transactions.

The companies that handle your automatic deposits and withdrawals will need to be notified of your change. The attached forms will help with the notification process, and we will be happy to help you complete and submit the forms.

Automatic Payment Checklist

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Insurance | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Telephone | <input type="checkbox"/> Charities |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Internet | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Other | |

Automatic Deposit Checklist

- | | |
|--|---|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veterans Benefits |

Step 3 - Close your previous checking account.

Once all of your outstanding checks have cleared and your direct deposits and withdrawals have been transferred to your new FSB account, you can close your previous account.



The Farmers State Bank



MAIN OFFICE

309 S. Prairie Street, Brookston, IN 47923
(765) 563-3135

BATTLE GROUND OFFICE

104 S. Railroad Street, Battle Ground, IN 47920
(765) 567-2105



www.fsbrookston.com

Request More Information

I would like to receive more information about the following bank products/services:

- | | |
|---|--|
| <input type="checkbox"/> Online Services
(Online Banking, eStatements, ePay) | <input type="checkbox"/> Business Banking Services |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Trust/Investment Services |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Other |

The Farmers State Bank



Switch Kit

Switching banks has never been easier!

Authorization to Close Account

Please complete and sign to let The Farmers State Bank close your account.

Previous Financial Institution

Financial Institution Name

Address: _____
City: _____
State: _____ Zip: _____

This form gives you the authorization to close the following account and forward the balance to us at the address provided. Please make the check payable to The Farmers State Bank for the benefit of (Name):

Account #: _____
Primary Owner: _____
Address: _____
City: _____
State: _____ Zip: _____

Your prompt attention to this request is appreciated. Thank you.

Primary Owner Signature

Joint Owner Signature

Please send the remaining balance to:
The Farmers State Bank
Attention: New Accounts
309 S. Prairie Street
Brookston, IN 47923

Authorization To Switch Direct Deposit

Please complete and sign to let company know of switch.

I authorize

Name of Company or Agency

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

to accept this signed form to direct my payment/credit to checking/savings account at The Farmers State Bank. I understand it may take up to 30 days to process this request.

Primary Owner Signature

Joint Owner Signature

Financial Institution: **The Farmers State Bank**
Routing #: **074906059**

Checking Account #: _____
 Savings Account #: _____

Distribution _____

Checking Amount: _____

Savings Amount: _____

The Farmers 
State Bank

Automatic Payment Transfer

Please complete and sign for all companies you have automatic withdrawals.

To Name of Biller/Provider

Name of Company or Financial Institution

Account #: _____
Payment Amount: _____
Address: _____
City: _____
State: _____ Zip: _____

Please establish and automatic payment or a transfer from my checking account at The Farmers State Bank.

Financial Institution: **The Farmers State Bank**

Routing #: **074906059**

Account #: _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

I authorize the biller/provider indicated above to initiate payments/transfers from my checking account at The Farmers State Bank. These instructions shall remain in effect until I provide a new written notice.

Signature

Date

The Farmers 
State Bank