# Bank of Sun Prairie Switch Kit A SIMPLE STEP-BY-STEP GUIDE TO SWITCHING BANKS



**Welcome to the Bank of Sun Prairie!** We want to make your move to our bank as easy as possible. Our Switch Kit contains everything you'll need to close your existing accounts and transfer your automatic deposits and withdrawals without having to visit your old financial institution.

Please contact us at 608.837.4511 if you need further assistance.



#### **OPEN YOUR BANK OF SUN PRAIRIE ACCOUNT.**

We offer a number of accounts to meet your needs. Once your account is open, you will have everything you need to complete your switch to the Bank of Sun Prairie.



## CHANGE YOUR DIRECT DEPOSITS.

Use the attached form to give your employer or other payment source your new account information so that your funds can be automatically deposited into your new account.



#### CHANGE YOUR AUTOMATIC PAYMENTS.

Use the enclosed forms to change all automatic withdrawals or automated payment services. Don't forget about those who use your old debit card number, such as automatic payments online.



#### **CLOSE YOUR OLD ACCOUNTS.**

We can help you fill in the blanks on this form then you can just sign it. This form will notify your old financial institution about the accounts you are closing and it gives directions for disbursement of any remaining funds in those accounts. You will need to know your old account numbers in order to close these accounts.

### Routing numbers and account numbers.





## CHANGE DIRECT DEPOSITS.

2

Complete this form and submit it to any company or organization who is automatically depositing funds to your existing checking account (payroll, pension, or dividends).

To:	Company Name:						
	Address:						
To Wł	nom It May Con	cern:					
	e recently chang ew account, as f		hip to Bank of Sun Prairie	e. Please redirect my direct depo	osit into		
Name	<u>.</u>						
Addre	ess:						
City: _			State:	Zip:			
Socia	l Security Numb	er:					
New E	Bank Name: <b>Bar</b>	k of Sun Prairie					
New E	Bank Routing Nu	ımber: <b>075903446</b>					
New E	Bank Account N	umber:					
Αссоι	unt Type:	O Checking	O Savings	O Loan Payment			
I here	by authorize to I	nave my direct deposit s	switched to my account v	vith Bank of Sun Prairie.			
Signa	ture:			Date:			

For Social Security deposits, call the Social Security Administration Direct Deposit Department at 1-866-770-2345 (to reach a representative, hit "zero" each time an option is offered) or sign up on-line by visiting www.ssa.gov.



# CHANGE AUTOMATIC PAYMENTS

3

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your existing checking account.

To:	Company Name:					
	Address:					
	City, State, Zip:					
	Account/Policy #:					
	• My current payment amount is: \$					
	• I am currently paying the Total Amount Due					
To Wh	om It May Concern:					
	e / / , I hereby authorize to change my automatic payments to the company listed o come from my account at the Bank of Sun Prairie.					
Name						
Addres	S:					
City:	State: Zip:					
Please	redirect my automatic payment to come from my new account:					
New B	ank & Routing Number: Bank of Sun Prairie 075903446					
New B	ank Account Number:					
Accou	it Type: O Checking O Savings					
Signat	ıre: Date:					



## CLOSE ACCOUNTS

4

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your existing checking account.

To:	Financial Institution:					
	Address:					
	City, State, Zip:					
From:	Primary Account Holder:					
	Secondary Account Holder:					
This le	etter serves as an authorization to cl	ose the following accounts with your institutio	on:			
Accou	nt #:	Account Type:				
Account #:		Account Type:				
Accou	nt #:	Account Type:				
Please	e send a check for the remaining bala	ance, together with all accrued interest or divic	lends to:			
ОВ	ank of Sun Prairie F/B/O:					
		(your name here)				
	Attention:					
	228 East Main Street Sun Prairie, WI 53590					
	New Customer Account #:					
O M	lyself at:					
		(your address here)				
Signature:		Date:				
2						

