



CITIZENS BANK

Personal Account Switch Kit

Welcome to Citizens Bank! We are pleased you have chosen us to serve your banking needs. We understand that it is not always simple to switch a banking relationship. That is why we have assembled a checklist and switch kit to help you switch banks in 4 quick steps. If you need assistance, please call or stop by the bank and one of our friendly employees will be happy to help!

Open New Account

Stop by and open your new account to start the switch.

Direct Deposit Authorization

Redirect your existing direct deposits to your new account. Complete a copy of the attached **Direct Deposit Authorization** for each company that makes direct deposits into your account. You can mail the authorization directly to the company or call them with the information. If you need to contact the Social Security Administration, the Cedar Rapids Iowa office may be reached at 1-866-495-0088.

Automatic Payment Authorization

Complete a copy of the attached Automatic Payment Authorization form for each company that withdraws money from your account for a payment. You may send the authorization directly to each company or call them with this information.

Request to Close Account

Make sure enough funds are in your old account to cover any automatic payments or checks that may be withdrawn. Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals you are ready to switch. Just complete the attached **Request to Close Account** form and send it to your former financial institution.

Locations: **Anamosa:** 215 E Main St or PO BOX 137, Anamosa, IA 52205 PH: 319-462-3561
 Tipton: 427 Cedar St or PO BOX 427, Tipton, IA 52772 PH: 563-886-2136

Website: www.citizensbankia.com



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Transfer Checklist

Use this checklist to make the transition easier.

DIRECT DEPOSIT AUTHORIZATION				
Company / Financial Institution	Account Number / Amount	Date Mailed or Contacted	Follow-up Date	Item Complete

AUTOMATIC PAYMENT AUTHORIZATION				
Company / Financial Institution	Type of Payment / Account Number / Amount	Date Mailed or Contacted	Follow-up Date	Item Complete

CLOSED ACCOUNT AUTHORIZATION				
Financial Institution	Account Number / Balance	Date Mailed or Contacted	Follow-up Date	Item Complete

HELPFUL HINTS:

- Make sure that all automatic payments and direct deposit requests have been processed prior to closing your account.
- Make sure all checks have cleared your old checking account.
- Stop using your old account. Destroy unused checks, deposit slips, ATM and debit cards.
- Complete the attached forms in order to process your request.



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Direct Deposit Authorization

Payroll Retirement Payments Pension Payments Social Security

Your Social Security Direct Deposit may be changed quicker by calling 1-866-495-0088. Other Federal and State government agencies may require their specific direct deposit forms which are available on the agency's web site.

DEPOSITOR INFORMATION (The company or organization that issues the direct deposit)		
NAME OF COMPANY/ORGANIZATION:	DAYTIME TELEPHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
RECIPIENT INFORMATION (Account holder receiving the direct deposit)		
ACCOUNT HOLDER:	SOCIAL SECURITY NUMBER - Last 4 Digits: XXX-XX-	
ADDRESS:	DAYTIME TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:
FORMER FINANCIAL INSTITUTION INFORMATION		
FINANCIAL INSTITUTION:		
ROUTING NUMBER:		
ACCOUNT NUMBER:		
NEW FINANCIAL INSTITUTION ACCOUNT INFORMATION Please change the account to credit for direct deposit to:		
FINANCIAL INSTITUTION:	Citizens Bank	
ROUTING NUMBER:	073903053	
ACCOUNT NUMBER:		
ACCOUNT TYPE:	Please indicate <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	
Special Instructions:		
AUTHORIZATION This letter serves as authorization to redirect payments to my Citizens Bank account effective immediately:		
Account Holder Signature:	Date:	



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Automatic Payment Authorization

Utilities Loans Mortgage Payments Phone Cable Internet Insurance

Many companies provide information on how to make a change or establish an automatic payment on their website, bill or statement. Send this form to each company that automatically withdraws payments from your account, including automatic payments made online. **Include a voided Citizens Bank check.** Please allow sufficient time for your first automatic payment to be activated against your Citizens checking account.

BILLER INFORMATION (The company or organization that receives the payment)		
NAME OF COMPANY:		TELEPHONE NUMBER:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PAYOR INFORMATION (Person from whose account the automatic payment is made)		
NAME	TELEPHONE NUMBER:	ACCOUNT NUMBER WITH BILLER
ADDRESS:		
CITY:	STATE:	ZIP CODE:
NEW FINANCIAL INSTITUTION INFORMATION Please change the account to debit for payment as follows:		
FINANCIAL INSTITUTION NAME:	CITIZENS BANK	
ROUTING NUMBER:	073903053	
ACCOUNT NUMBER:		
ACCOUNT TYPE: Please indicate	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	
PAYMENT AMOUNT : \$	PAYMENT DATE:	
Special Instructions:		
AUTHORIZATION: This letter serves as authorization to redirect my automatic payment to my Citizens Bank account effective immediately.		
Account Holder Signature:		Date:



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Request to Close Account

This form can be used to authorize the closure of your account at your other financial institution. Before closing the account, confirm that any outstanding items have cleared, and that your direct deposits and/or automated payments are now posting to your Citizens Bank account.

FORMER FINANCIAL INSTITUTION INFORMATION		
FINANCIAL INSTITUTION:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PRIMARY ACCOUNT HOLDER INFORMATION		
ACCOUNT NAME:	SOCIAL SECURITY NUMBER - Last 4 Digits: XXX-XX-	
ADDRESS:	DAYTIME TELEPHONE NUMBER:	
CITY:	STATE:	ZIP CODE:
PLEASE immediately close and transfer the balances of the following account(s):		
Please indicate bank account type below		
ACCOUNT NUMBER:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	
ACCOUNT NUMBER:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	
ACCOUNT NUMBER:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	
Please transfer the remaining balance by check payable to the above Account Holder, c/o Citizens Bank. The check should be mailed to Citizens Bank, PO BOX 137, Anamosa, IA 52205		
Please reference the account number noted below on the check.		
NEW FINANCIAL INSTITUTION ACCOUNT INFORMATION		
FINANCIAL INSTITUTION:	Citizens Bank	
ROUTING NUMBER:	073903053	
ACCOUNT NUMBER:		
AUTHORIZATION: This request serves as authorization to close the account(s) listed above and remit the balance of the account(s) as designated above. Please cancel any ATM and/or Debit Cards associated with the account as well. If you have any questions regarding this request, please contact me at the mailing address above.		
Account Holder Signature:		Date: