

# Making the switch has never been so easy!



**ez**SWITCH from State Bank Financial,  
the fastest, easiest way to move your account

**Everything you need to easily change banks.**

Changing banks can seem like an insurmountable task: moving your direct deposits, changing your direct debit items, setting up new bill pay accounts. That's why State Bank Financial has designed this Switch Kit to make changing banks as simple as possible. We've provided a Checklist and a Direct Deposit/Auto-Payment Checklist to make this process even easier! Make the switch to State Bank Financial today.

**Only four steps: It's really that easy!**

**First: Open the State Bank Financial checking account that fits your needs.**

Visit any State Bank Financial location to open a checking account and request your debit card. During your visit, we'll work with you to complete the process.

**Second: Change/set up your direct deposits.**

We'll work with you to switch or start all of your direct deposit transactions. If you receive direct deposits from a government agency, we'll call and request the change the very day you're in the bank to open the account. Just complete the Direct Deposit Change Request Form.

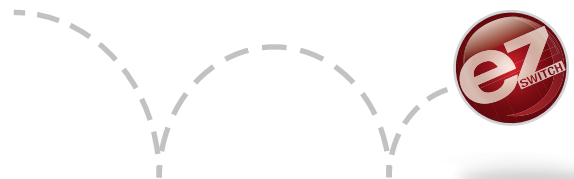
**Third: Change any automatic debit payments.**

Provide us with a copy of your last bank statement, and we'll identify all the transactions that may be automatically debited. Then, we'll work with you to complete an Auto-Payment Form for each company that may debit your account, alerting them to the change and asking them to re-direct the debit to your new State Bank Financial account. Depending on your comfort and balances, it may be best to stop all direct debits first and then restart them at a later time at State Bank Financial. This will ensure you avoid having a negative balance in your old account. If you would like to use Online Bill Pay, we'll work with you to set up this easy-to-use service.

**Fourth: Close your old account.**

Once all your deposits and auto-payments are switched to State Bank Financial, you're ready to close the old account. Just complete the Account Closing Authorization Form and mail it to your previous bank.

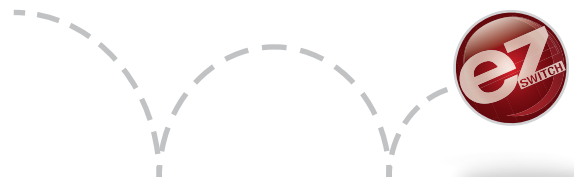
Remember, our friendly team members are ready to assist you each step of the way! However, if you prefer to complete the paperwork, feel free to do so. Just complete the necessary forms and mail!



### Changing your bank checklist

When you use the State Bank Financial Switch Kit, changing banks is easy. This handy checklist will help you track your progress. Simply check the box next to the items you've completed:

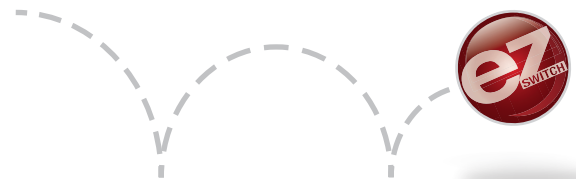
- Open your new State Bank Financial checking and/or savings account and make your initial deposit.**
- Sign up for online banking so that you can control when you pay your bills through your new State Bank Financial checking account.**
- Make certain enough funds are available in your "old" account (at your previous financial institution) to cover any automatic payments that may have not yet been transferred and to also cover any checks that may not have cleared that account.**
- Send written notice to your direct deposit vendors (payroll, Social Security, etc.) alerting them to send direct deposits to your new State Bank Financial account. Be sure to use the State Bank Financial Direct Deposit Authorization form to assist in this process.**
- Send written notice to the vendors who directly debit your account for payments (utilities, insurance, etc.) alerting them that you have closed your "old" account. Use the State Bank Financial Auto-Payment Change Request form to assist in this process**
- Confirm all direct debits have moved.**
- Confirm all direct debits have stopped on the "old" account.**
- Confirm all checks have cleared the "old" account.**
- Send written notice to your previous financial institution to close the old account. Use the Account Closing Authorization form.**
- Set up your payees in Bill Pay and create a payment schedule that works best for you! Use our State Bank Financial Payee Checklist to ensure you don't miss a payment.**
- Remember our new account specialists will help you as needed with each of these steps!**



To ensure you've changed all your direct deposits and auto-payments, let's identify what needs changing before completing the forms included in the Switch Kit. You'll see just how easy it is to switch to State Bank Financial!

Deposits	Company Name/Address	Account Number	Phone (optional)	SBF use only
Payroll				
Pension				
Social Security				
Other				
Other				
Other				

Deposits	Company Name/Address	Account Number	Phone (optional)	SBF use only
Mortgage				
Car				
Car				
Insurance				
Insurance				
Telephone				
Cell Phone				
Electricity				
Gas				
Water				
Other				
Other				
Other				
Other				



Company Information  Change  New

Name:	Date:
Address:	
City, State, Zip	Telephone:

**Individual Information (Employee/recipient of direct deposit)**

Name:	Date:
Address:	
City, State, Zip	Telephone:

**I have closed my:**

Checking Account # \_\_\_\_\_  Savings Account # \_\_\_\_\_  
at \_\_\_\_\_, located at \_\_\_\_\_.  
(Name of previous financial institution) (address)

I hereby authorize the transfer of my direct deposit to my new bank, State Bank Financial, and submit this letter as written notification.

**Please begin sending the deposit(s) directly to:**

**State Bank Financial**  
**401 Main Street | La Crosse, WI 54601 | ABA Routing #091800316**

Note: Employers and some companies may have their own required form. In those cases a voided blank check from your new State Bank Financial account may be required.

**Deposit instructions:**

Please deposit entire amount into checking account # \_\_\_\_\_.

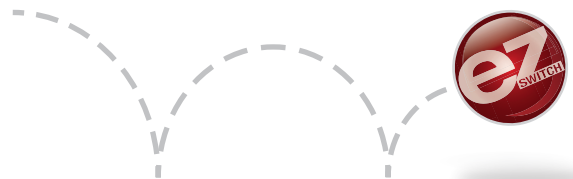
Please deposit \$ \_\_\_\_\_ into savings account # \_\_\_\_\_ and the remainder to checking account # \_\_\_\_\_.

**I authorize:**

- Above listed entity to initiate deposit of my funds to my State Bank Financial account(s).
- State Bank Financial to credit entries to my account(s).
- This notice to remain in effect until I send written notice of change or cancellation.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name



**Auto-Payment Authorization**    **Change**    **New**

Complete this form for each automatic payment. You may photocopy this form.

**Customer Information:**

Name:	Date:
Address:	
City, State, Zip	Telephone:

**Vendor/Payee Information: (complete as much as possible):**

Vendor Name:	Your Account # with this vendor
Address:	
City, State, Zip	Telephone:

**New Bank Information:**

**State Bank Financial**  
**401 Main Street | La Crosse, WI 54601 | ABA Routing #091800316**

New Account Number: \_\_\_\_\_  Checking  Savings

Effective immediately, I/we authorize the above referenced Vendor/Payee and State Bank Financial to initiate entries to my checking/savings account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request in a reasonable amount of time to act.

Signature: \_\_\_\_\_

Second Signature, if applicable: \_\_\_\_\_

Include a voided check or deposit ticket with this form when sending.

Any questions call or email us through our secure e-mail system found at [www.statebankfinancial.com](http://www.statebankfinancial.com)



To: \_\_\_\_\_

**Former Financial Institution**

Name:	Date:
Address:	
City, State, Zip	Telephone:
Accounts (list account numbers and select the account type – checking, savings, etc.)	
Account #: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other
Account #: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other
Account #: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other

I/we hereby authorize the closure of the above listed account(s). Please mail any funds remaining in these accounts to:

**Me, at the above address**

**State Bank Financial**  
**401 Main Street | La Crosse, WI 54601 | ABA Routing #091800316**

**Account number to be credited:** \_\_\_\_\_  
(Please reference my State Bank Financial account number on the check.)

**If applicable, please discontinue my Bill Pay service**

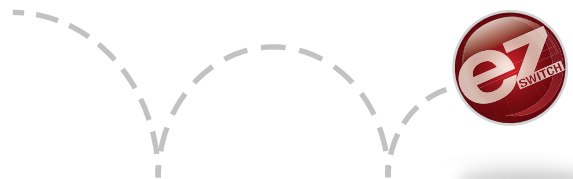
**If applicable, please cancel my debit card and/or ATM card**

Primary account holder signature: \_\_\_\_\_

Joint account holder name: \_\_\_\_\_

Joint account holder signature: \_\_\_\_\_

Note: prior to sending this Account Closing Authorization Form, please review or call your State Bank Financial New Account Specialist to ensure all your automatic payments and direct deposits have been switched to your new State Bank Financial account.



**Please feel free to make additional copies of any forms. While we recommend using Online Bill Pay in place of auto-debits, we have included the Auto-Payment Change Request form for your convenience. If you have any questions about these forms, please contact a New Account Specialist.**

**State Bank La Crescent**

109 South Walnut Street La Crescent, MN 55947  
PH 507.895.5600 FX 507.895.5606

**State Bank La Crosse**

401 Main Street La Crosse, WI 54601  
PH 608.784.4600 FX 608.791.4205

**State Bank Marshfield**

124 North Central Avenue Marshfield, WI 54449  
PH 715.486.1263 FX 715.486.1482

**State Bank Onalaska**

1836 East Main Street Onalaska, WI 54650  
PH 608.781.1836 FX 608.781.6716

**State Bank Shelby**

4020 Mormon Coulee Road La Crosse, WI 54601  
PH 608.788.0400 FX 608.788.0414

**State Bank Sparta**

203 West Wisconsin Street Sparta, WI 54656  
PH 608.269.2111 FX 608.269.2177

