



BANK ACCOUNT SWITCH KIT

Thank you for choosing Americana Community Bank!

We'd like to make your experience with us enjoyable and hassle-free from the start.

We've developed this Switch Kit to help make your move to ACB easier. You don't even need to visit your old bank to close your accounts. Everything you need is in this easy-to-use kit. Simply follow these steps:

Step 1: Open your new Americana Community Bank accounts

Our bankers will gladly assist you in choosing the best accounts to meet your specific financial needs. When your new accounts are open, please proceed with steps 2 and 3.

Step 2: Close your old accounts (we've made it easy!)

Complete the *Authorization to Close My Account* form (included in this kit) and mail it to your former bank. This will provide your former bank with all the information they need and will save you the time and inconvenience of an in-person trip to close your accounts. (Be sure to select a closing date at least 30 days from today to allow checks to clear and automatic items to transfer to your new account.)

Step 3: Change automatic payments and direct deposits

Notify all the appropriate companies with our Authorization to Change Direct Deposit and Authorization to Change Automatic Payment forms. Attach a voided check to each form. Mail them as soon as possible.

Let us know if we can assist you with switching your accounts and getting everything running smoothly.

Authorization to CHANGE DIRECT DEPOSIT

Today's Date: _____

To: _____
NAME OF DIRECT DEPOSITOR

I am in the process of closing my Checking Savings Account at:

NAME OF FINANCIAL INSTITUTION WHERE ACCOUNT IS BEING CLOSED (PLEASE PRINT) Old Account # _____

ACCOUNT HOLDER(S) _____

SOCIAL SECURITY #(S) _____

Please begin Direct Deposit into my new Checking Savings Account, effective as of

MONTH/DAY/YEAR

New Financial Institution: Americana Community Bank

Address (check one)

- SLEEPY EYE OFFICE, 300 Main Street West, Sleepy Eye, MN 56085, 507-794-3551
- CHANHASSEN OFFICE, 600 Market Street, Suite 100, Chanhassen, MN 55317, 952-937-9596
- MAPLE GROVE OFFICE, 9495 Black Oaks Lane, Maple Grove, MN 55311, 763-494-5600

New ACB Account # _____

*****I have enclosed a voided check to verify the account number*****

SIGNATURES(S) _____

PHONE _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit.

Authorization to CLOSE MY ACCOUNT

Today's Date: _____

On _____ please close my Checking Savings Account at:
MONTH/DAY/YEAR

Old Account # _____
NAME OF FINANCIAL INSTITUTION WHERE ACCOUNT IS BEING CLOSED (PLEASE PRINT)

FINANCIAL INSTITUTION ADDRESS _____
(Where account is being closed) STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

ACCOUNT HOLDER(S) _____

SOCIAL SECURITY #(S) _____

On the closing date above, please send remaining funds to:

Directly to me (see address below)

STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

OR

▪ **Americana Community Bank** (choose one address)

SLEEPY EYE OFFICE, 300 Main Street West, Sleepy Eye, MN 56085, 507-794-3551

CHANHASSEN OFFICE, 600 Market Street, Suite 100, Chanhassen, MN 55317, 952-937-9596

MAPLE GROVE OFFICE, 9495 Black Oaks Lane, Maple Grove, MN 55311, 763-494-5600

New Account # _____ (provide only if funds are being sent to ACB)

SIGNATURE(S) _____

PHONE _____

Complete this form for every checking and savings account you wish to close.

Authorization to CHANGE AUTOMATIC PAYMENT

Today's Date: _____

I am in the process of closing my Checking Savings Account at:

NAME OF FINANCIAL INSTITUTION WHERE ACCOUNT IS BEING CLOSED (PLEASE PRINT)

Old Account # _____

ACCOUNT HOLDER(S) _____

SOCIAL SECURITY #(S) _____

I hereby authorize Automatic Payment from my new Checking Savings Beginning _____
MONTH/DAY/YEAR

New Financial Institution: Americana Community Bank

Address (check one)

- SLEEPY EYE OFFICE, 300 Main Street West, Sleepy Eye, MN 56085, 507-794-3551
- CHANHASSEN OFFICE, 600 Market Street, Suite 100, Chanhassen, MN 55317, 952-937-9596
- MAPLE GROVE OFFICE, 9495 Black Oaks Lane, Maple Grove, MN 55311, 763-494-5600

New ACB account # _____

*****I have enclosed a voided check to verify the account number*****

SIGNATURE(S) _____

PHONE _____

Complete this form for each company or organization with which you have an arrangement for Automatic Payment.