Switch Kit Pre-Transfer Worksheet

The Switch Kit is a free tool that allows you to quickly and easily change your accounts from your financial institution to the State Bank of Toulon. By filling out a series of forms, the Switch Kit provides all the documentation that is needed to complete the process. The pre-transfer worksheet is intended to help you gather all of the information needed before filling out the Switch Kit forms. Once the information has been collected, you’re ready to switch.

The information you will need to collect:

- **Your new State Bank of Toulon Bank account number.**
  If you don’t have an account with the State Bank of Toulon, you will need to open one before switching.

- **Your current financial institution information.**
  Your current financial institution information is needed for us to close your current accounts.

- **A list of any automated debits (ACH)**
  Gather all information on companies that make electronic withdrawals from your account. This includes automatic debits (ACH) or automatic charges to your debit card. Common uses of automatic debits include rent/mortgage, utilities, phone and cable bills.

- **Any Direct Deposits.**
  List any companies who regularly deposit funds into your account. Some common uses of Direct Deposits include payroll, taxes, or expense reimbursements. Social Security customers need to call the Social Security Administration toll free at 1-800-772-1213 or go to ssa.gov/deposit/howtosign.htm. Local Social Security office numbers: Galesburg at 1-309-344-2141 or Rock Island at 1-309-793-5852

- **Electronic Payments (Online Bill Pay)**
  If you use an online bill pay service at your current financial institution, be sure to cancel each payee.

- **Questions?**
  Call our Customer Service Representatives or stop by any of our three convenient locations and we will be glad to help.

**Galva Banking Center**
210 S.W. 2nd Ave.
(309) 932-2131

**State Bank of Toulon**
102 W. Main St.
(309) 286-2861

**Kewanee Banking Center**
635 Tenney St.
(309) 852-3366

www.statebankoftoulon.com
Pre-Transfer Checklist

☐ Last Month’s Bank Statement

Automatic Deposits
☐ Payroll
Contact the HR Department where you work.
Please include a voided check
Effective Date of Change_________________
☐ Social Security
Contact the Social Security Administration.
Effective Date of Change_________________

Utilities Automatic Payment
☐ Gas
Account No._________________________
Effective Date of Change_______________
☐ Electric
Account No._________________________
Effective Date of Change_______________
☐ Water/Sewer
Account No._________________________
Effective Date of Change_______________
☐ Local/Long Distance Telephone
Service
Account No._________________________
Effective Date of Change_______________

Other Payments
☐ Loans (e.g. car, home equity, student loan, credit card)
Account No._________________________
Effective Date of Change_______________
Account No._________________________
Effective Date of Change_______________
☐ Mortgage
Account No._________________________
Effective Date of Change_______________

☐ Transfer From Other Bank Accounts
Effective Date of Change_______________
☐ Brokerage Deposits
Effective Date of Change_______________
☐ Other
Effective Date of Change_______________

☐ Internet Service
Account No._________________________
Effective Date of Change_______________
☐ Cable or Satellite TV
Account No._________________________
Effective Date of Change_______________
☐ Garbage
Account No._________________________
Effective Date of Change_______________
☐ Other
Account No._________________________
Effective Date of Change_______________
☐ Other
Account No._________________________
Effective Date of Change_______________

☐ Insurance (e.g. life, health, auto, home)
Account No._________________________
Effective Date of Change_______________
Account No._________________________
Effective Date of Change_______________
☐ Brokerage-Automatic Investments
Effective Date of Change_______________
☐ Other
Effective Date of Change_______________
☐ Other
Effective Date of Change_______________
Direct Deposit/Direct Debit Transfer Authorization Agreement

State Bank of Toulon has received your written authorization to transfer your direct deposit(s) and direct debit(s) from another financial institution to your account at State Bank of Toulon. The direct deposit(s) and direct debit(s) you have authorized State Bank of Toulon to transfer to your account, ________________, will be posted in the order in which the bank receives them.

In the event a direct debit you authorized (for transfer) is presented for payment before State Bank of Toulon receives the direct deposit you authorized (for transfer), State Bank of Toulon will pay the direct debit and will not assess an insufficient funds fee, if the payment causes your account to be overdrawn for the first sixty days from the date of your authorized transfer. Thereafter, fees will be assessed in accordance with the bank’s “Schedule of Fees.”

State Bank of Toulon will exercise ordinary care to complete your authorized transfer of direct deposit(s) and direct debit(s). If you incur any fees or charges due to negligence by State Bank of Toulon in the processing of your written request and/or authorized direct deposit(s) and direct debit(s) request, State Bank of Toulon will reimburse you for these fees and charges. Claims for reimbursement must be submitted in writing within six months of the date of your authorization to transfer. To file a claim, send a written request with your name, address, and account number along with a copy of the billing notice for the fee or charge to:

State Bank of Toulon
ACH Department
102 W Main St
Toulon IL  61483

______________________________  ______________________
Customer Signature           Date

____________________________________  ______________________
Bank Representative Signature   Date

Member FDIC
Please close my account

Date

Bank Name

Address

City  State  Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest to State Bank of Toulon, 102 W. Main Street PO Box 609 Toulon, Il. 61483 and a confirmation of account closure to customer:

Account Number

☐ Checking Account

☐ Savings Account

☐ Money Market Account

☐ Certificate of Deposit  Maturity Date _________

☐ Please close my CD immediately.
I understand there may be penalties for withdrawing before the maturity date.

☐ Please close my CD upon maturity

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder’s Signature  Address

Print Name  City  State  Zip

Account number w/ payee  Phone number  ☐ Day  ☐ Evening
Please change my direct deposit.

Date

Employer, pension, administrator or government entity making the direct deposit

Address

City State Zip

Phone

To Whom It May Concern:

Currently you are depositing my payment into my bank account(s):

Paycheck, pension or government check

Current Bank Routing Number
Account Number Account Number

Please start making these automatic deposits into my new account(s) at State Bank of Toulon.

New bank information:
State Bank of Toulon Address: 102 W. Main Street PO Box 609 Toulon, IL 61483
State Bank of Toulon routing number: 071107987

Deposit $_________ or __________% of my ________________ into my Paycheck, pension or government check

State Bank of Toulon Checking account number: ___________________________

Deposit $_________ or __________% of my ________________ into my Paycheck, pension or government check

State Bank of Toulon Savings account number: ___________________________

Please send me confirmation indicating when this change takes effect.
If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature

Address

Print Name

City State Zip

Account number w/ payee

Phone number □Day □Evening
Please change my automatic payment.

______________________________
Date

______________________________
Name of insurance company, mortgage provider, utility company, any payee that automatically debits payments from your account.

______________________________
Address

______________________________
City State Zip

To Whom it May Concern:

Currently you debit my ______________ payment from my bank accounts(s):
(Indicate the type of payment)

Current Bank________________________ Routing Number________________________
Account Number________________________ Account Number________________________

Please stop this debit from the above listed account on ____________ and begin to debit this payment from my new account at State Bank of Toulon. Date

New bank information:
State Bank of Toulon address: 102 W. Main Street PO Box 609 Toulon, IL 61483
State Bank of Toulon routing number:071107987
State Bank of Toulon checking account number:____________________

Please send me confirmation indicating when this change takes effect.
If you have any questions regarding this request please contact me.

Sincerely,

______________________________
Customer Signature

______________________________
Address

______________________________
Print Name

______________________________
City State Zip

______________________________
Account number w/ payee

Phone number ☐ Day ☐ Evening
Internet Banking Signature Verification Form

Thank you for applying for the State Bank of Toulon Internet Banking Services.

TO ACTIVATE YOUR INTERNET BANKING SERVICES, PLEASE SIGN AND DATE THIS PAGE AND SEND IT VIA US MAIL, FAX OR IN PERSON TO ANY OF OUR 3 LOCATIONS. IF WE DO NOT RECEIVE THE SIGNATURE VERIFICATION PAGE WITHIN 30 DAYS OF APPLYING, YOU WILL NEED TO REAPPLY.

Upon receipt of the signature verification page, the State Bank of Toulon will activate your access within 3 to 5 business days. At that time you can log into your messages and begin using our product.

State Bank of Toulon  
P.O. Box 609  
Toulon IL 61483  
Phone: (309)286-2861  
Fax: (309)286-7112

______________________________  ____________________  
Customer Signature               Date

Account #________________________

Handling Code:________________________

Date Opened:________________________

Member FDIC
Service Charge Disclosure

I am aware that the membership fee for the Lock Checking account has been waived for a promotional period of 6 months. Beginning with my ________________ statement, I will be charged a $5.00 monthly membership fee. I understand that if I wish to change my account from Lock Checking to Key Checking, I will need to notify State Bank of Toulon of these changes.

____________________________________
Customer Signature                            Date

____________________________________
Bank Representative Signature                  Date

Member FDIC

STATE BANK OF TOULON

SBT