

# CHOOSE THE BETTER WAY TO BANK!

First State Bank & Trust can help you open a new checking account quickly and easily. Just follow the 3 simple steps below to get the process started:

**To open a First State Bank & Trust checking account** – We offer unique checking account options designed to meet your needs.

- A. Print the **New Account Application** below.
- B. Complete the information requested
- C. Get it to us! Fax, scan, mail or bring it in to a location near you. (Addresses and fax numbers are listed on the Contact Us page)

One of our personal bankers will contact you to complete the process.

If you're switching accounts from another financial institution, just let your personal banker know. We'll be happy to take care of the paper work for you! If you prefer to complete that transaction on your own, we've got the forms to help you!

The **Direct Deposit Request Form** can be sent to any direct deposit vendors that you may have, including payroll from your employer, Social Security or other government deposits, CD interest payments, Child Support deposits, etc. Note that you will need to send one form for each company with which you have an arrangement for direct deposit.

The **Automatic Payment Request Form** can be sent to any companies that you are currently paying through automatic payment or withdrawal. This may include Utilities payments (Gas, Electric, Phone...) Television Providers, Lenders, Mortgages, Insurance etc. This will transition them over to your new First State Bank & Trust checking account. Note that you will need to send one form for each company with which you have an arrangement for automatic withdrawal.

Finally, the **Close Account Request Form** should be sent to the financial institution where you will be closing your account(s). Make sure to balance your account so that enough funds are available to cover any outstanding checks, debit card transactions and upcoming withdrawals. They will send you a check for any remaining balance!



### Deposit Account Application

**Account Type Information:**

Type of Account:

- Checking (choose one below)
  - SmartChoice
  - Kansas Gold Plus
  - Kansas Gold
  - NOW Account
- Basic Checking
- Student Checking
- Free Checking
- Savings Accounts (choose one below)
  - Money Market
  - Savings
  - Certificate of Deposit

Term: \_\_\_\_\_

Ownership:  Individual     Joint with Rights of Survivorship     Trust

Title of Account: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DL #: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Title/Position: \_\_\_\_\_ # Years: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Other Applicant Information:**

- Joint Owner
- Payable on Death Beneficiary
- Authorized Signer
- Power of Attorney

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Soc Sec Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DL #: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Title/Position: \_\_\_\_\_ # Years: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Certification:**

I certify that everything stated in this application is correct.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DIRECT DEPOSIT REQUEST FORM

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**Company Making Direct Deposits**

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Company Address                      City                      State                      Zip

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Company Phone    Company Fax

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**Account Holder's Name**

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Address                      City                      State                      Zip

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Home Phone    Work Phone

**To Whom It May Concern:**

You are currently making a direct deposit to the following account:

Financial Institution Name: \_\_\_\_\_

Routing Number for Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

As of \_\_\_\_\_ (date), please start making this automatic deposit into my account at:

**First State Bank & Trust Co.**

**Routing Number: 101101992**

**Account Number: \_\_\_\_\_**

If you have any questions about this request, please contact me at \_\_\_\_\_.

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

*Complete and send this form to each employer or payer with which you have an arrangement for deposits into your account.*

# AUTOMATIC PAYMENT REQUEST FORM

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**Company Making the Automatic Withdrawal**

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Company Address                      City                      State                      Zip

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Company Phone    Company Fax

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**Account Name**    Account Number

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Address                      City                      State                      Zip

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Home Phone    Work Phone

**To Whom It May Concern:**

You are currently withdrawing \$\_\_\_\_\_ (amount) for my  
\_\_\_\_\_ (what the payment is for) from

Financial Institution Name: \_\_\_\_\_

Routing Number for Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

As of \_\_\_\_\_ (date), please start making this automatic withdrawal from my new account at:

**First State Bank & Trust Co.**

**Routing Number: 101101992**

**Account Number: \_\_\_\_\_**

If you have any questions about this request, please contact me at \_\_\_\_\_.

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

*Complete and send this form to each company where you have an arrangement for automatic withdrawal.*

# CLOSE ACCOUNT REQUEST FORM

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Bank/Other Financial Institution Name

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Address

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City State Zip

**To Whom It May Concern:**

Please accept this letter as authorization to close account #\_\_\_\_\_ at your institution and send a check for the remaining balance to my address below. If you have any questions, please contact me at \_\_\_\_\_.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

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Owner Signature

Printed Name

Date

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Joint Owner Signature

Printed Name

Date

**Mailing Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_