



**EASY
SWITCH
KIT**



Authorization to Close Outside Bank Account

(Accounts at your existing bank that you wish to transfer to State Bank of Delano)

Date: _____

Please Close my: Checking Savings Money Market on: _____ (date)
(Circle accounts to close)

at: _____
(Financial Institution where account is closing)

Address of Financial Institution: _____

Account Holder's Name: _____

Social Security Number: _____

Account Number(s)

On the closing date stated above please send the remaining funds to:
State Bank of Delano
PO Box 530
Delano, MN 55328
Attn: Teller
(Please reference customer name for proper credit)

Signature of account holder: _____

Phone Number: _____

Signature of account holder: _____

Phone Number: _____

If you have any questions please contact New Accounts at 763-972-2935
Thank you



Authorization to Change Auto Payment

(Use this form to transfer your automatic payments to
State Bank of Delano)

Date: _____

I am in the process of closing my: Checking Savings Money Market
(Circle accounts to close)

at: _____
(Financial Institution where account is closing)

Address of Financial Institution: _____

Account Holder's Name: _____

Account Number: _____

I hereby authorize automatic payment from my new: Checking Savings Money Market
(please circle the correct account)

Effective as of _____
 Month Date Year

Payment to: _____

Payment Frequency: _____

New Financial Institution Information

State Bank of Delano

PO Box 530

Delano, MN 55328

New Account number: _____
(please enclose cancelled check for verification)

Signature of account holder: _____

Phone Number: _____

Signature of account holder: _____

Phone Number: _____

If you have any questions please contact New Accounts at 763-972-2935

Thank you



Authorization to Change Direct Deposit

(Use this form to transfer your direct deposit to State Bank of Delano)

Date: _____

I am in the process of closing my: Checking Savings Money Market
(Circle accounts to close)

at: _____
(Financial Institution where account is closing)

Address of Financial Institution: _____

Account Holder's Name: _____

Account Number: _____

I hereby authorize changing direct deposit to my new: Checking Savings Money Market
(please circle the correct account)

Effective as of _____
Month Date Year

New Financial Institution Information
State Bank of Delano
PO Box 530
Delano, MN 55328

New Account number: _____
(please enclose cancelled check for verification)

Signature of account holder: _____

Phone Number: _____

Signature of account holder: _____

Phone Number: _____

If you have any questions please contact New Accounts at 763-972-2935
Thank you

Checklist for Easy Switch Kit:

____New Account opened at State Bank of Delano (please fill out new account application online or at the front receptionist desk, all accounts are verified through Chex Systems)

____Notify Employer of change and fill out direct deposit forms

____Notify all electronic payments set up (utilities, insurance, loans, merchants etc...) and fill out auto payment transfer forms. Use previous bank statements to find all monthly auto payments that are set up, or use the monthly billing statement that you receive from that vendor.

____Notify all direct deposits that are not from an employer (Social Security...1-800-772-1213, or any pensions or investment income)

____Close other accounts at previous institution using the close account forms

If you cannot find the information necessary or are having problems filling out any of these forms, you can get assistance from a New Accounts Representative at State Bank of Delano by calling 763-972-2935 and asking for New Accounts. If you would like to stop in to the bank for assistance please note our bank hours below.

Thank you

Monday, Tuesday, Wednesday and Friday 8:30-3:00 PM

Thursday 8:30-7:00 PM

Saturday 9:00-Noon