Moving your checking account

is no laughing matter. Most people hesitate when it comes to actually making the change, even when it makes sense, because they worry about accessing their funds and dealing with electronic transfers.

Your checking account is terribly important; we know. That's why we take this change very seriously. We'll help you move your account without interrupting Direct Deposits and automatic payments. And, we'll help you to close your old account, so there's no unfinished business at your old financial institution.

FRANDSEN BANK & TRUST

Your Bridge to Financial Success for Life

www.frandsenbank.com

MEMBER FDIC

MOVING YOUR CHECKING ACCOUNT

It's as simple as 1-2-3.

Changing your checking account is easy. Follow these three easy steps, and you'll be on your way.

1 Open your Frandsen Bank & Trust account, make your initial deposit, and order checks/debit card. To find the account that best fits your needs, see the Personal Checking page on our website.

When you have your new Frandsen Bank & Trust account number,

2 Change direct deposits and automatic payments. The forms you need are provided below. If you need more than one, feel free to make copies or print more.

- Complete the Direct Deposit form, attach a voided check from your new Frandsen Bank & Trust account, and mail them to your employer and/or other despositors.
- Complete the Automatic Payment form, attach a voided check from your new Frandsen Bank & Trust account to each form, and mail them to the companies that make automatic payments from your account.

When you have your new checks and debit card,

3 Close your old account. You will need to give a specific closing date (we recommend 30 days) and provide an address so your former bank can send you the remaining balance when your account is closed.

- Complete the Authorization to Close form and mail to your former bank.

FRANDSEN BANK & TRUST

Your Bridge to Financial Success for Life

authorization to change
Direct Deposit

TODAY'S DATE

On _____ I closed my Checking Account at _____ Acct. #_____
MONTH/DAY/YEAR — NAME OF FINANCIAL INSTITUTION (PLEASE PRINT)

ACCOUNT HOLDER _____ SOCIAL SECURITY # _____

Please establish Direct Deposit into my new Frandsen Bank & Trust Checking Account, effective as of _____
MONTH/DAY/YEAR

New Account # _____
FRANDSEN BANK & TRUST Routing #091901202

FRANDSEN BANK & TRUST Address_____
STREET ADDRESS OR P. O. BOX — CITY — STATE — ZIP CODE

I have enclosed a Deposit Slip to verify the account number. Signature _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have arrangements for Direct Deposit. Print additional forms or photocopy this blank form if needed.

FRANDSEN BANK & TRUST

Your Bridge to Financial Success for Life

authorization to change
Automatic Payment

TODAY'S DATE

On _____ I closed my Checking Account at _____ Acct. #_____
MONTH/DAY/YEAR — NAME OF FINANCIAL INSTITUTION (PLEASE PRINT)

ACCOUNT HOLDER _____ SOCIAL SECURITY #_____

I hereby authorize Automatic Payment from my new Frandsen Bank & Trust Checking Account, beginning _____
MONTH/DAY/YEAR

Payment Amount $_____._____ New Account # _____
FRANDSEN BANK & TRUST Routing #091901202

FRANDSEN BANK & TRUST Address_____
STREET ADDRESS OR P. O. BOX — CITY — STATE — ZIP CODE

I have enclosed a voided check to verify the account number. Signature _____

Complete this form for each company or organization with whom you have arrangements for Automatic Payment. Print additional forms or photocopy this blank form if needed.

FRANDSEN BANK & TRUST

Your Bridge to Financial Success for Life

authorization to close
Checking Account

TODAY'S DATE

On _____ please close my Checking Account at _____ Acct. #_____
MONTH/DAY/YEAR — NAME OF FINANCIAL INSTITUTION (PLEASE PRINT)

ACCOUNT HOLDER _____ SOCIAL SECURITY # _____

2ND ACCOUNT HOLDER _____ SOCIAL SECURITY # _____

I/We have opened a checking account at Frandsen Bank & Trust. New Account # _____
FRANDSEN BANK & TRUST Routing #091901202

FRANDSEN BANK & TRUST Address_____
STREET ADDRESS OR P. O. BOX — CITY — STATE — ZIP CODE

On the closing date, please send remaining funds: ☐ TO FRANDSEN BANK & TRUST ☐ DIRECTLY TO ME

ADDRESS WHERE CHECK IS TO BE SENT _____

Signature(s)_____