



Checking Account Switch Kit

The Community State Bank wants to make it easy and convenient for you to switch your checking account from your current financial institution to us. First, you must establish a checking or savings account with us to start the Switch Kit process. To do so, stop by one of our convenient locations listed below.

The following documents do just that. Simply print these, fill them out, and then follow the instructions on each sheet to send them to the appropriate party. If you have any questions, please contact a New Account Representative at any of our locations:

Main Branch: (918) 647- 8101 or (800) 362-0171

Wal-Mart Branch: (918) 647-1810

Spiro Branch: (918) 962-9911

Wister Branch: (918) 655-7257

Talihina Branch: (918) 567-2900

Wilburton Branch: (918) 471-1060



Existing Account Closing Form

Please close my account listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address listed below.

Account Number: _____

Name on Account: _____

Type of Account: Checking Savings

Social Security Number: _____

If you require any additional information, you can reach me at: _____

Please mail a cashier's check made payable to:

The Community State Bank, for the benefit of _____
P.O. Box 769
Poteau, Oklahoma 74953

OR

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Thank you for your prompt attention to this matter.

Sincerely,

Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Notary:

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____,

Known to me or proven to be the person(s) described in and who executed the same as his/her/their free act and deed.

Notary Signature: _____ My commission expires: _____



Direct Deposit Switch Kit Form

Complete this form to authorize an employer to directly deposit your payroll or other credit to your Community State Bank Checking or Savings account.

To: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____

Employee name: _____

Employee address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Employee ID # (If different than SSN): _____

Please direct my:

Existing Direct Deposit New Direct Deposit

Account you would like your check automatically deposited into:

Checking Savings

The Community State Bank account no: _____

The Community State Bank routing no: 103101518

Name on account: _____

One form should be used for each request. Please make copies as needed.

I authorize (*name of company*) _____ and The Community State Bank to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Employee Signature: _____

Date: _____

3 Easy steps:

1. Complete this form.
2. Attach a voided check to this form to confirm your Employer account & routing number
3. Submit this completed form and a voided check to your Human Resources/Payroll Department, or to the originator of your Direct deposit.



Automatic Payment Switch Kit Form

Complete this form to notify a company of your request to redirect your automatic payment from your new Community State Bank account. Please complete one form for each automatic payment you wish to change.

To: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Account Number: _____

From: _____

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Telephone Number: _____

Please redirect my automatic payment from my Community State Bank account effective:

Immediately Or beginning _____

The Community State Bank Account #: _____

The Community State Bank Routing #: 103101518

Name on Account: _____

I authorize the company names above to process my payment from The Community State Bank for the purpose of automatically withdrawing funds from my account designated above and to initiate, if necessary, any debit or credit entries to correct any erroneous debits from my account. I acknowledge that the organization of ACH transactions from my account must comply with the provisions of U.S. Law.

Customer/Member Signature: _____ Date: _____

3 Easy steps:

1. Complete this form.
2. Attach a voided check to this form to confirm your account and routing number.
3. Submit this completed form and a voided check to each company that automatically debit payments from your account.

OR

If you prefer, we will be glad to mail each Automatic Payment Switch Kit Form for you.