



We would like to thank you for considering Castroville State Bank to assist with your banking and financial needs. Our Bank embraces the people and traditions of this community and strives to offer big city options while maintaining small town service.

We know that you are busy and we understand that changing banks can be a complicated task. As a bank that is always looking to make transitions more easy and convenient, we have created the Castroville State Bank Switch Kit. Simply follow these steps:

Step 1: *Open a Castroville State Bank account*

See a new accounts representative at one of our two convenient locations. They will help determine what account fits you best.

To make the process even faster, have the [New Account Information Sheet](#) completed when you come in to open your Castroville State Bank account.

Step 2: *Stop using your previous checking account*

Allow time for outstanding checks to clear. Destroy your ATM and/or Debit cards, any unused checks and deposit slips.

Step 3: *Move your direct deposit(s) to Castroville State Bank*

Use the [Direct Deposit Change Request Form](#) to make this process even easier.

** Some direct deposits cannot be changed via letter. Please contact the following by phone:*

Social Security: (800) 772-1213 or go to www.ssa.gov/deposit/howtosign.htm

Veteran Affairs: (877) 838-2778

Office of Personnel Management (Civil Service): (888) 767-6738

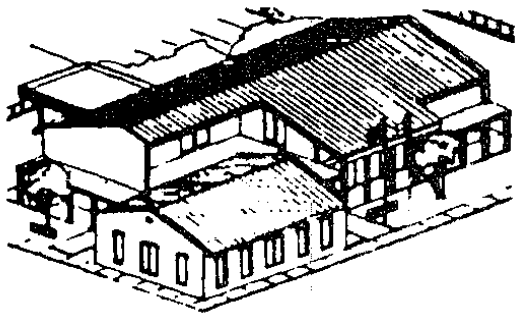
Step 4: *Transfer any automatic payments and debits to Castroville State Bank*

Use the [Automatic Payment Change Form](#) to assist in quickly making the switch.

Step 5: *Close your previous account*

Use the [Account Closing Request](#) to aid in successfully closing your previous account.

Be sure that all automatic payments, direct deposits and online bill payments have been switched to your new Castroville State Bank account before closing your old account.



NEW ACCOUNT INFORMATION SHEET

PERSONAL: Checking Interest Type _____
 Savings Money Market

BUSINESS: Checking Interest (Not available with all accounts)
 Savings Money Market

OWNERSHIP: Individual Joint with Survivorship Other _____

AMOUNT OF DEPOSIT: \$ _____

Name(s) _____ / _____

Mailing Address _____

Physical Address (if different) _____

Previous Address (if less than 3 years) _____

D.O.B. _____ Phone # _____ E-Mail Address _____

Social Security Number(s) _____ / _____

Driver's License Number(s) _____ / _____

Employer _____ / _____

Occupation _____ / _____

Employer Address _____ / _____

Employer Phone # _____ / _____

How Long? _____ / _____

Someone who will always know your location _____ Phone # _____

Have you previously banked with Castroville State Bank Yes No

If not, list previous banking institution? _____

Please tell us why you chose Castroville State Bank:

Referred by a friend Advertising Convenience Services Other _____

Signature

Date

PROCESSED BY: _____

Signature

Date

Direct Deposit Change Request Form

To Whom It May Concern:

I have recently changed banks and would like to update my deposit information to begin making direct deposits into my new Castroville State Bank account.

If you have any questions regarding this request, please contact me at the phone number listed below.

Sincerely,

Signature

Date

Direct Deposit Information		
_____ <i>Name</i>	_____ <i>Social Security Number</i>	
_____ <i>Address</i>	_____ <i>City/State</i>	_____ <i>Zip</i>
_____ <i>Telephone #</i>		
_____ <i>Company Name</i>		
_____ <i>Address</i>	_____ <i>City/State</i>	_____ <i>Zip</i>
_____ <i>Old Bank Name</i>	_____ <i>Routing Number</i>	_____ <i>Account Number</i>
_____ <i>New Bank Name</i>	_____ <i>Routing Number</i>	_____ <i>Account Number</i>
CASTROVILLE STATE BANK	114923439	



Please attach voided check from your new Castroville State Bank account.

Automatic Payment Change Form

To Whom It May Concern:

I have recently changed banks and would like to have my automatic payment with your company changed to my new account.

Please discontinue debiting my old bank account and begin making automatic withdrawals from my new Castroville State Bank account.

If you have any questions regarding this request, please contact me at the phone number listed below.

Sincerely,

Signature

Date

Automatic Payment Information

Name

Telephone #

Address

City/State

Zip

Company Name

Address

City/State

Zip

Old Bank Name

Routing Number

Account Number

CASTROVILLE STATE BANK

114923439

New Bank Name

Routing Number

Account Number



Please attach voided check from your new Castroville State Bank account.

Account Closing Request

Instructions: Complete this authorization to close accounts at other financial institutions. Remember to destroy old checks and your ATM and debit cards. Once forms have been filed, check account statements to verify that all accounts have a zero balance and have been closed.

Financial Institution Name

Address

City/State *Zip*

To Whom It May Concern:

This letter serves as a request to close the following account(s).

Account # _____ Account Owner _____

Account # _____ Account Owner _____

Account # _____ Account Owner _____

Account # _____ Account Owner _____

Please forward all remaining funds to me at the address listed. If you have any questions regarding this request or need any additional information, please contact me at the phone number listed below.

Sincerely,

Signature

Date

Name

Address

City/State *Zip*

Telephone #