

# SWITCH NOW!!!

Changing banks is easier than you think.

**First State Bank** wants to help make the process organized and help you accomplish your goal. By following the four steps below you can successfully “**SWITCH NOW**”:

## **1. Open an account.**

The pages titled **To open a Personal Account/Business Account** are provided to know what forms of ID are acceptable. Get a head start by printing, completing, and then bring in the **New Account Customer Application** form. (Bring a completed form for each owner and authorized signer on the account.).

## **2. Direct Deposits.**

Use the **Direct Deposit Account Change Request** to send to an employer or company to inform them that you have changed banks for your direct deposits or payroll deductions.

*(For Social Security, SSI, VA or other government related deposits, we can help in getting those switched to your new FSB account at account opening.)*

## **3. Automatic Payments.**

Use the convenient **Change Automatic Payment Account Request** form to send to each company authorized to make electronic withdrawals from your former bank account. A checklist of some possible automatic payments could be:

- Cable or Satellite TV
- Cell Phone or Home Phone Service
- Credit Cards
- Insurance: Car, Home, Life, or Medical
- Internet Provider
- Loans: Auto, Student, Personal or Mortgages or Rent
- Utilities: Electric, Gas, or Water

## **4. Discontinue using your former account.**

When you are sure that outstanding items on your former bank account have cleared and the account has been reconciled, you can print and complete the **Account Closing Notification** form to give to your former bank

*After opening your account* at First State Bank, our free Online Banking, free Bill Pay, and Telebank are available 24 hours a day. Customers can apply for online banking at [www.fsbvalliant.com](http://www.fsbvalliant.com) or in person at the bank. Contact us at 580-933-4201 for more information.

**FIRST STATE BANK**  
**www.fsbvalliant.com**

**To open a Personal Account**

In order to prevent the use of the US banking system in terrorist and other illegal activity, federal regulations under Section 326 of the USA Patriot Act requires that all financial institutions obtain, verify, and record identification from all persons opening new accounts or being added as signatories to existing accounts.

It is also possible that we will request identification of current account holders if documentation was not obtained at the time their account was originally opened.

We are committed to protecting and securely maintaining all customer information we receive.

**At account opening identification required: Choose two from the Primary List or choose one from the Primary and one from the Secondary List below.**

1. US Taxpayer Identification Number
  
2. Unexpired **Primary** Identification:
  - >State Issued Driver's License
  - >State Issued Identification Card
  - >Military ID
  - >Passport
  - >US Alien Registration Card
  
3. **Secondary** form of Identification:
  - >Firearm License
  - >Insurance Card
  - >Social Security Card
  - >Property Tax Invoice
  - >Voter Registration Card
  - >Organizational Membership Card
  - >Student Identification Card
  - >Utility Bill
  - >Hunting/Fishing License
  - >Tribal ID
  - >Matricula Consular ID
  - >Birth Certificate (Minors Only)

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**Customer Identification Profile and Application (Individual)**

Welcome to First State Bank. Thank you for choosing to bank with us. We look forward to serving all your banking needs. In order to prevent the use of the US Banking system in terrorist and other illegal activity, federal regulations require all financial institutions to obtain, verify, and record identification from all persons, businesses, and entities opening new accounts or being added as signatories to existing accounts.  
**FIRST STATE BANK CANNOT WAIVE THESE REQUIREMENTS.**

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name (First, Middle, Last): \_\_\_\_\_

Residential/Physical Address: \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

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

City, State, Zipcode \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long have you been at your current address: \_\_\_\_\_ (yrs.) \_\_\_\_\_ (months)

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name & Phone Number of nearest relative or someone who knows where you can be located (other than an account signer):  
\_\_\_\_\_

**\*Identification required: Choose two from the Primary List or choose one from the Primary and one from the Secondary List below:  
Put a check mark beside the two you choose.**

**Primary**

- \_\_\_ State Driver's License
- \_\_\_ Passport
- \_\_\_ State Identification Card
- \_\_\_ Military ID
- \_\_\_ US Alien Registration Card

**Secondary**

- \_\_\_ Firearm License
- \_\_\_ Insurance Card
- \_\_\_ Social Security Card
- \_\_\_ Property Tax Invoice
- \_\_\_ Voter Registration Card
- \_\_\_ Organization Membership Card
- \_\_\_ Student ID
- \_\_\_ Utility Bill
- \_\_\_ Hunting/Fishing License
- \_\_\_ Tribal Card
- \_\_\_ Matricula Consular ID
- \_\_\_ Birth Certificate (Minors Only)

**By signing below I authorize First State Bank to check my credit history and to obtain information regarding my past credit and banking information from the credit bureau or Chex Systems.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts and Services you may be interested in:

- |                       |                           |                            |                      |
|-----------------------|---------------------------|----------------------------|----------------------|
| ___ Checking          | ___ Savings               | ___ Certificate of Deposit | ___ Safe Deposit Box |
| ___ ATM/Debit Card    | ___ Credit Card           | ___ Online Banking         | ___ Bill Pay         |
| ___ Paper Statements  | ___ Electronic Statements | ___ Mobile Alerts          |                      |
| ___ Loan (type) _____ |                           | ___ Other _____            |                      |

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**To open a Business Account**

In order to prevent the use of the US banking system in terrorist and other illegal activity, federal regulations under Section 326 of the US Patriot Act requires that all financial institutions obtain, verify, and record identification from all persons opening new accounts or being added as signers to existing accounts.

It is also possible that we will request identification of current account holders if documentation was not obtained at the time their account was originally opened.

We are committed to protecting and securely maintaining all customer information we receive.

**At account opening please have available one form of ID for each account owner/signer from each of the following numbered categories:**

1. US Taxpayer Identification Number
2. Current **Primary** Identification:
  - >State Issued Driver's License
  - >State Issued Identification Card
  - >Military ID
  - >Passport
  - >US Alien Registration Card
3. **Secondary** form of identification:
  - >Firearm License
  - >Insurance Card
  - >Social Security Card
  - >Property Tax Invoice
  - >Voter Registration Card
  - >Organizational Membership Card
  - >Student Identification Card
  - >Utility Bill
  - >Hunting/Fishing License
  - >Tribal ID
  - >Matricula Consular ID

**At account opening please have available information pertaining to your business such as:**

1. US Taxpayer Identification Number is required for all types of businesses. (Sole proprietorship and solely Owned LLC may use either an EIN or the owner's Social Security Number.)
2. Physical and mailing address of the business
3. Depending on the type of business:
  - >Corporation — State Articles of Incorporation, Corporate Resolution authorizing establishment of the account and authorizing signers on the account, meeting minutes naming the signers on the account
  - >Limited Liability Company — Articles of Organization, Resolution of LLC signed by all members designated as signers on the account
  - >Non Profit or Unincorporated Associations — Charters or By Laws, Minutes from a recent board meeting naming the signers on the account
  - >Partnership — Partnership agreement, State filing requirements such as Certification of Formation
  - >Sole Proprietors — Assumed Name Certificate from the county clerk for the county in which the business is operating (The bank can provide Resolutions for some types of business if necessary.)
4. Two forms of ID are required of each business owner with 25% or more beneficial ownership and/or signer.
5. Bank signature cards must be completed and signed by each designated signer/owner when opening the account.

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**Customer Identification Profile and Application (Business)**

**Welcome to First State Bank. Thank you for choosing to bank with us. We look forward to serving all your banking needs. In order to prevent the use of the US Banking system in terrorist and other illegal activity, federal regulations require all financial institutions to obtain, verify, and record identification from all persons, businesses, and entities opening new accounts or being added as signatories to existing accounts.**  
***FIRST STATE BANK CANNOT WAIVE THESE REQUIREMENTS.***

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

**EIN/SSN:** \_\_\_\_\_ **Ownership of Business:** \_\_\_\_\_  
Corporation/ DBA/LLC/LLP/Sole Proprietor/etc.

**Business/DBA/Entity/Organization Name:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Authorized Signers listed in legal documentation (Corporate Resolution, Partnership Agreement, LLC/LLP Documents, Certification of Trust, By-Laws, Minutes, etc.).

List Authorized Signers:

Titles:

_____	_____
_____	_____
_____	_____
_____	_____

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Accounts and Services you may be interested in:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Bill Pay
<input type="checkbox"/> Paper Statements	<input type="checkbox"/> Electronic Statements	<input type="checkbox"/> Mobile Alerts	
<input type="checkbox"/> Loan (type) _____	<input type="checkbox"/> Other _____		

Questions to Determine <b>MSB</b> (Money Service Business) or <b>PEP</b> (Politically Exposed Person) Status:	Yes	No
Is the business a currency dealer or exchanger?		
Does the business cash checks or monetary instruments greater than \$1,000 other than for employee payroll checks?		
Does the business issue travelers checks, money orders, or stored value cards for more than \$1,000 to any person on any day in one or more transactions?		
Does the business sell or redeem traveler's checks, money orders or stored value cards for more than \$1,000 in any one day in one or more transaction for any person?		
Is the business a money transmitter for another entity?		
If yes, do they accept currency and transmit the funds through a financial agency or funders transfer network?		
Is the business a United States Postal Service location?		
Does the business have a privately owned ATM?		
If yes, is it registered with the state?		
Is any owner, partner, or authorized signer of this account considered a "politically exposed person"?		
Does the business sell lottery tickets?		

**By signing below I authorize First State Bank to check my credit history and to obtain information regarding my past credit and banking information from the credit bureau or Chex Systems.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Change Automatic Payment Account Request

Request To:  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

From:  
Name on Account \_\_\_\_\_

Regarding: Financial Institution and Account Change  
Effective: \_\_\_\_\_  
Date

I have recently changed banks and would like for you to *stop* the automatic withdrawal of:

\$ \_\_\_\_\_ from my Checking/Savings account number \_\_\_\_\_ at  
Former Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Start processing the withdrawal through:

New Bank Name \_\_\_\_\_ First State Bank \_\_\_\_\_ Routing Number \_\_\_\_\_ 103109390  
Address P O Box 775 Valliant, OK 74764  
Checking/Savings Account Number \_\_\_\_\_

If you have any questions or need me to sign any additional forms please let me know.  
Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sincerely,

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

- This is authorization for the above listed company
- To initiate automatic payment from my new account at First State Bank Valliant, OK 74764
  - For First State Bank to debit funds from my account for each payment presented
  - This authorization will remain in effect until I send written notice of change or cancellation

## Direct Deposit Account Change Request

Date: \_\_\_\_\_

To: Payroll Department

Employer/Company Name \_\_\_\_\_

Address \_\_\_\_\_

From:

Employee Name \_\_\_\_\_

Social Security Number/ID Number \_\_\_\_\_

Address \_\_\_\_\_

Regarding: Financial Institution and Account Change Information    Effective Date \_\_\_\_\_

You are currently depositing my paycheck to my account at \_\_\_\_\_

Routing Number \_\_\_\_\_ Checking/Savings Account \_\_\_\_\_.

I have recently changed banks and would like for you to transfer my direct deposits to my new account at:

First State Bank

P O Box 775

Valliant, OK 74764

Phone 580-933-4201

Fax 580-933-4710

Routing Number- 103109390      Checking/Savings Account Number \_\_\_\_\_

If you have any questions or need me to sign additional forms please contact me at

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sincerely,

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

This is authorization for the above mentioned employer/company

- To change the deposit of my funds to First State Bank at Valliant, OK
- For First State Bank to credit the funds to my account(s)
- This authorization is to remain in effect until I send written notice of change or cancellation



# Account Closing Notification

To: \_\_\_\_\_  
Financial Institution Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Code

Date \_\_\_\_\_

From: \_\_\_\_\_  
Account Title  
\_\_\_\_\_  
Account Number  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Account Owner  
\_\_\_\_\_  
Soc. Sec. #/TIN/EIN

Please accept this letter as authorization to close my account(s) with your bank. Please close the following account(s):

Account Number _____	Checking ___ Savings ___ Other _____
Account Number _____	Checking ___ Savings ___ Other _____
Account Number _____	Checking ___ Savings ___ Other _____
Account Number CD _____	Close Immediately* ___ At Maturity _____

\*Your previous bank may assess a fee/penalty for early closing of CD prior to maturity

Please send any remaining funds to me by check to the address listed above.

If you have questions about this request please contact me at \_\_\_\_\_ Cell Phone  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone

Sincerely,

\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature