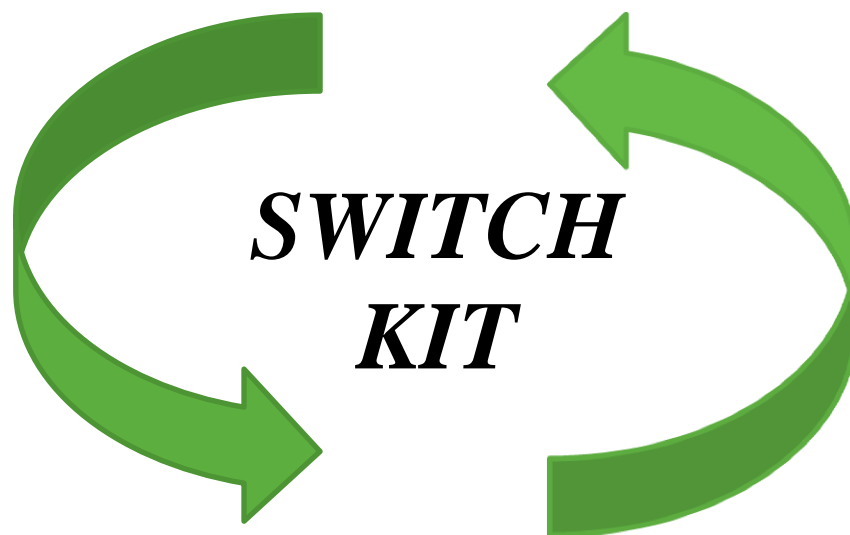


German   
American  
*State Bank*



**GERMAN VALLEY**  
100 Church St.  
815.362.2310

**SEWARD**  
3034 S Pecatonica Rd  
815.247.8435

**PECATONICA**  
1305 Main St.  
815.239.1700

**WINNEBAGO**  
809 Cannell-Puri Ct.  
815.335.1900

[www.germanamericanstatebank.com](http://www.germanamericanstatebank.com)



*Let German American State Bank help you make the switch!*

## **Follow these 4 easy steps:**

**1. Tell us about you.** Provide us with your information including any joint applicants you may have. This allows us to begin the account opening process. Please bring your unexpired Driver's License or State ID with you when you come to a branch to open your new account. If your Driver's License or State ID does not contain your current address, please also bring one form of address verification. Valid forms of address verification include: utility bill, payroll stub, tax return, property tax bill, rental agreement, voters registration card, firearms permit, bank statement from another institution, or insurance policy or billing.

**2. Change Direct Deposits.** Please fill out the enclosed Direct Deposit Authorization Form(s) to give to your Human Resource or Payroll Department so you can have your paycheck deposited into your German American State Bank account. Bring this with you when you come in to open your new account and we will provide the account number(s) and financial institution signature.

**3. Change Automatic Payments.** Please fill out the enclosed Automatic Payment Switch Form. Bring it with you when you come in to open your new account and we will take care of the rest!

**4. Close Old Account.** Please fill out and sign the enclosed Authorization to Close Account form and bring with you as well. Once we know all direct deposits and automatic payments have been successfully switched over to your new German American State Bank account, we will mail this form for you to get your old account closed.

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## GERMAN AMERICAN STATE BANK SWITCH KIT

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### Direct Deposit Authorization Form

(Complete this form and give to your Human Resources or Payroll Department.  
A voided check may be required.)

---

Employer Name

---

Employee ID Number

Social Security Number

---

Employee Name

---

Employee Address

---

City

State

Zip

I hereby authorize deposit of my net pay into the account(s) noted below. I further authorize any adjustment entries necessary to correct deposits made in error. This authority is to remain in force until I provide written notice of its termination.

German American State Bank Checking Account # \_\_\_\_\_

German American State Bank Savings Account # \_\_\_\_\_

**German American State Bank Routing Number: 071113162**

The above information has been verified by the following German American State Bank employee:

---

GASB Employee Signature

Date

---

Account Holder Signature

Date

Please make additional copies as needed.

---

## GERMAN AMERICAN STATE BANK SWITCH KIT

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### Automatic Transfer Switch Form

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

*I have a new account with German American State Bank and hereby authorize you to change my automatic withdrawal to take from my German American State Bank account.*

German American State Bank Routing Number: 071113162

German American State Bank Account #: \_\_\_\_\_  Checking  Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## GERMAN AMERICAN STATE BANK SWITCH KIT

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### Automatic Transfer Switch Form

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

*I have a new account with German American State Bank and hereby authorize you to change my automatic withdrawal to take from my German American State Bank account.*

German American State Bank Routing Number: 071113162

German American State Bank Account #: \_\_\_\_\_  Checking  Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make additional copies as needed.

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**GERMAN AMERICAN STATE BANK SWITCH KIT**

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**Authorization to Close Account**

To Whom It May Concern:

Please close my account listed below and mail me a check for the remaining balance.

---

Name of Financial Institution

---

Name on Account

---

Additional Name(s) on Account

---

Address

---

City

State

Zip

---

Account Number(s)

Thank you for your prompt attention to this matter.

Sincerely,

---

Signature(s)

Date

Please make additional copies as needed.