

SWITCH KIT

Get Started!

Make the switch to better banking today!

You can make the move to Bank of Weston in a few easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Bank of Weston, where you'll enjoy a better experience for all your banking needs.

1 Open your new Bank of Weston account

- Visit any of our locations

2 Switch direct deposits and automatic withdrawals

- Payroll
- Social Security
- Retirement/Pension
- Car loan
- Mortgage Payment
- Utility Payment
- Insurance
- Memberships
- Credit Card Payment

3 Close your old account

- Destroy unused checks and debit card
- Verify direct deposits have switched before closing
- Fill out the request to close form and provide

SWITCH KIT

Direct Deposit Authorization

Use this form to authorize your employer, retirement, pension and other agencies to deposit your payment directly into your Bank of Weston account. Use one form for each deposit.

Date: _____
Company or Employer: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Employee ID: _____
(if applicable)

Please accept this letter as my authorization to change the bank account information you currently have on file for direct deposit, to my new account at Bank of Weston. This authorization shall remain in place until it is changed or revoked by me in writing.

Payment Type (check one)	<input type="checkbox"/> Payroll	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Investment Income
	<input type="checkbox"/> Other (please specify)		

Effective Date of Change: _____

New Financial Institution:

Bank of Weston	Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
P. O. Box 8	New Account #		
Weston, MO 64098	ABA Routing # 101205050		
Phone: (816) 640-5252	NOTE***voided check may be requested***		

Date: _____
Signature: _____
Printed Name: _____
Address: _____
City, State, Zip _____
Phone Number: _____

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Automatic Withdrawal Authorization

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Date: _____
Company Account#: _____
Payment Amount: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Please accept this letter as my authorization to switch my automatic withdrawal from my previous financial institution to my new financial institution.

Previous Financial Institution
Routing # _____ Account # _____

Effective Date of Change: _____

New Financial Institution:

Bank of Weston	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
P. O. Box 8	New Account #
Weston, MO 64098	ABA Routing # 101205050
Phone: (816) 640-5252	NOTE***voided check may be requested***

Date: _____
Signature: _____
Printed Name: _____
Address: _____
City, State, Zip _____
Phone Number: _____

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Account Closure Authorization

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items (all checks and payments) have cleared your old account prior to submitting this form to close your account.

Financial Institution _____
Address _____
City, State, Zip _____

To whom it may concern, I hereby request that you close the following bank account I maintain with you:

Account Number _____
Primary Name on Account _____
Secondary Name on Account _____
Address _____
City, State, Zip _____
Daytime Phone Number _____

Please send the remaining balance to:

Check your desired option

Please deposit directly to my new account at Bank of Weston

Account #	Routing # 101205050
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Please forward a check to me at my address listed below.

Date:	
Signature:	
Name:	
Address:	
City, State, Zip:	