

Switching banks is as easy as 1-2-3

1

Open your NEW ESB Bank account

Switch over your automatic transactions

2

You will need to notify the companies that handle your automatic deposits and withdrawals.

Automatic Payment Checklist

Mortgage	Utilities
Insurance	Loans
Telephone	Internet
Investments	Charities
Credit Cards	Other

Automatic Deposit Checklist

Payroll
Social Security
Retirement
Veterans Benefits

3

Close your previous checking account



Welcome to ESB



Exchange State Bank
126 N. Broad Street
PO Box 5
Lanark, IL 61046

www.lanarkbank.com
Phone 815.493.2631
Fax 815.493.2082

Make the
Switch
to



Exchange
State Bank

Switching banks has never been this easy!

Direct Deposit

Authorization Form

Company Information

Company Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Customer Information

Name: _____
Account # _____
Social Security #: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
New Routing #071108083 New Account # _____
 Checking Savings

Authorization

I authorize the above company to accept this signed form to direct my payment/credit to my Exchange State Bank checking/savings account. I authorize them to make deposits in the Exchange State Bank account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of National Automated Clearing House Association. I understand it may take up to 30 days to process. Please send me written confirmation when complete.

Primary Owner Signature & Date

Co-Owner Signature & Date

Auto Payment Transfer

Authorization Form

Company Information

Company Name: _____
Account #: _____
Address: _____
City: _____
State: _____ Zip Code: _____

The bank account currently used for my automatic payments or withdrawals is no longer active. Please immediately change my automatic payments to the bank account information below.

Exchange State Bank
126 North Broad Street
PO Box 5
Lanark, IL 61046
815.493.2631
Routing # 071108083
Bank Account # _____

I authorize the biller/provider indicated above to initiate payments to my ESB checking account. Please send written confirmation when this change will be effective. These instructions shall remain in effect until I provide a written notice.

Signature & Date

Account Closing

Request Form

Date: _____
Former Bank's Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Authorization

Please accept this as my authorization and direction to close my accounts with your institution. This form gives you the authorization to close the following account and forward the balance to us at the address provided. Please make check payable to Exchange State Bank for the benefit of:

Account Owner Name: _____
Account Co-Owner: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Checking Account #: _____
Savings Account #: _____
Other Account: _____

Primary Owner Signature & Date

Co-Owner Signature & Date

Please send a check for the remaining balance to:
Exchange State Bank
126 North Broad St., Lanark, IL 61046