Switching banks is as easy as 1-2-3



Open your NEW ESB Bank account

Switch over your automatic transactions



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



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



Switching banks has never been this easy!

Direct Deposit

Authorization Form

Auto Payment Transfer

Authorization Form

Account Closing

Request Form

Company Information

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

Customer Information

Name:	
Account #	
Social Security #:	
Address:	
City:	
State:	
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

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The bank account currently used for my automatic payments or withdrawals is no longer active.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

Date:		
Former Bank's Na	ame:	
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 Owne	er Name:			
Account Co-O	wner:			
Address:				
City:				
State:	Zip Code:			
Phone:				
Checking Acc	ount #:			
Savings Accou				
Other Account				
	mary Owner Si			
1 11	mary Owner of	igi latare d	i Dato	

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

Co-Owner Signature & Date