New Account Conversion Checklist



- •Account Closing Form
- •Payroll Direct Deposit Authorization Form
- •Automatic Payment/ Deposit Switch Form

You may check the boxes next to the items you have completed so far any). Keep this checklist handy. As you continue completing items, simply check off the boxes.	r (if
☐ Make sure all checks have cleared on your old checking account.	
☐ Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.	
☐ Send written notice to your direct deposit vendors (payroll, social security*, CD interest payments, etc.) of the changes in your relationship.	
*For social security direct deposits, changes may be made by calling Social Security Administration at 1-800-772-1213.	
☐ Send written notice to your vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.)	
□ Send notification of new account information to vendors who you want to continue to generate automatic withdrawals instead of paying by bill pay; or use this notification to start a new automatic payment with a vendor.	
☐ Send written notice to the financial institution that you are closing your account.	
Call (217) 568-7311 or (217) 469-8900 if you have any questions regarding your switch to The Gifford State Bank.	

Existing Account Closing Form



•Please complete this form so that we may return it to your old bank.

To Whor	n It May Concern:				
Please close my account described below.					
Name(s)	on Account				
Social S	ecurity/Tax Identification Numb	er			
Account Number		Account Typ	 be		
Check a	II that apply:				
No Disbursement of funds is necessary					
i	The account balance is zero.				
i	I have deposited a check for t	the balance in	my new bank.		
·· Disb	Disbursement of funds is necessary. Please prepare a				
cash	ier's check for the balance of m	ny account pa	yable to:		
i	Name(s) on account, and mail to:				
	Name				
	Address				
	City	State	Zip		
i	i The Gifford State Bank for the benefit of				
To be deposited in account number:					
	Mailed to: The Gifford State I PO Box 400 Gifford, IL 61847	Bank			
Thank you	ou for your prompt attention to t y,	his matter.			
Custome	er signature	Date			
Joint acc	count holder signature	Date			

One form should be used for each request. Please make additional copies as needed. A facsimile or electronically transmitted copy of this form may be accepted.

Automatic Payment / Deposit **Switch Form**



Community Banking... Community Values

Stanle a VOIDED check

keep your previous account open for two months in order to ensure all

automatic transfers are complete.

 Please complete and sign one copy of this form for each automatic payment or automatic depositor (other than payroll) and mail to the institution that deposits to your old account.

This form will notify merchants to redirect automatic payments or automatic deposits to The Gifford State Bank. To ensure accuracy, please attach a voided check from your new The Gifford State Bank account to each Automatic Deposit Switch Form that you use (see below).

То:	from your new The Gifford State Bank account below.
Merchant / Company Name	
Merchant / Company Addres	SS
City State Z	Zip
From:	
Name	
Address	
City State 2	Zip
ID Number or Department	
Please redirect n	ny:
☐ Automatic Payment	
☐ Automatic Deposit	
To my new The Gifford State checking account effective:	Bank
☐ Immediately	
or Beginning//_	
· · · · · · · · · · · · · · · · · · ·	1113175
Account Number Ro	uting #
Signature	One form should be used for each request. Please make additional
	copies as needed. You may want to

Social Security/Tax Identification #

Daytime Phone Number

Payroll Direct Deposit Authorization



Community Banking... Community Values

- •Please check with the company that you are requesting the direct deposit from to find out if they have a direct deposit form that they require you to use.
- •Complete this form for each company with which you have a payroll direct deposit.
- •Please note: If you have social security or other governmental direct deposit, please use the Treasury Department, Standard Form 1199A or pick up a copy at any The Gifford State Bank locations.
- •For Social Security benefits, you can also contact them by phone to make direct deposit arrangements, 1-800-772-1213.

Employee Signature

Employer Signature

Send the direct deposit authorization form to the company making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have social security or other governmental direct deposit see note in left column.

	Staple a VOIDED check from your new The Gifford
Last Name First Name	State Bank account below.
Street Address	
City State Zip	
Work Phone	
Home Phone	
Social Security Number	
Employer's Name Phone Number	
Employee ID Number or Department	
List Account Numbers Below:	
Previous Account Number	
Previous Bank Name 071113175	
New The Gifford State Bank Acct Route #	
Type of Account (check one):	
☐ Checking	
☐ Savings	
Check Only One:	
☐ A New authorization for Direct Deposit.	
☐ Please change my existing authorization. Transfer automatic payment from my previous bank to The Gifford	
State Bank.	One form should be used for each request. Please make additional

Date

Date

One form should be used for each request. Please make additional copies as needed. You may want to keep your previous account open for two months in order to ensure all direct deposit transfers are complete.