



EASY SWITCH KIT

Are you ready to join The Friendship State Bank family, but afraid the change will be too difficult? Your friendly banker at The Friendship State Bank and this Easy Switch Kit can help.

This kit includes documents you can complete and send to your employer and other businesses where you may have electronic payments. These documents will notify them you have changed your deposit account.

Just follow these steps.

1. Open your new account at The Friendship State Bank. Complete the enclosed "CIP Form" for each individual who will be on the account. All individuals on the account must bring a valid state photo identification (i.e. driver's license) that includes a current physical address.

Find a branch near you: friendshipstatebank.com

2. Make a list of all automatic payments and deposits scheduled to go in and out of your previous account. If you use bill pay through your current financial institution, write down the payee information for future reference. Find the "Online Bill Payment Worksheet" enclosed to assist with this process.
3. If you receive direct deposit from an employer, complete the enclosed "Direct Deposit Authorization Form(s)" and give to your Human Resources or Payroll Department. This will notify your employer to reroute your paycheck to your Friendship State Bank account. Ask your employer when the first deposit will occur to your new account.

If you have Social Security direct deposited, please let us know at account opening so we may assist you with the change.

4. Once you have verified when your first direct deposit will occur, reschedule each automatic payment to debit your new account. You can use the enclosed "Automatic Payment Switch Form". Use a separate form for each automatic debit. Once complete, mail this form to the company/business where the payment is processed. Verify with each company what date the change will occur.
5. If you used Internet Banking/Bill Pay at your previous bank, you will want to stop those payments and set up your payees and payment schedule in your new Friendship State Bank Online Banking Account and Bill Pay.
6. Do not close your previous account until you verify your direct deposits and automatic payments have been changed to your Friendship State Bank account. Notify your previous bank to close your account. Follow their procedures to close an account.

Bring these switch kit forms with you at account opening for review and assistance completing. If you have any questions through this process, contact us at 877-667-5101.

Member FDIC

CUSTOMER IDENTIFICATION PROGRAM DOCUMENTATION

INDIVIDUAL ACCOUNT OWNER OR SIGNER

First Name: MI: Last Name:

Physical Address:
City, State Zip:

Mailing Address (if different):
City, State Zip:

Type of Identification Number:

*If "Other" please specify:

Date of Birth:

Phone Number: Mother's Maiden Name:

Type of Identification: ID #

*If "Other," please specify:

Issue Date: Issuing State: Expiration Date:

Employer:

Occupation:

Email Address:

Additional Information/Comments:

The information I have provided is correct to the best of my knowledge. I authorize The Friendship State Bank to check credit and/or employment history should it deem necessary.

Verification of all account information provided by Credit Report or Chex Systems.

X _____
(Signature of account owner or authorized signer)

Date _____

Bank Use: Branch: _____ Employee: _____

DIRECT DEPOSIT AUTHORIZATION FORM

This form authorizes an employer to deposit payroll or other checks into your new Friendship State Bank account. Please complete one form for each automatic deposit you wish to change. Provide as much information as possible—the information can be found on your new account agreement and your employee benefits statements.

Complete this form and forward to your Human Resources or Payroll Department.

To:

Employer Name

Employer Address

City, State Zip

From:

Employee Name

Employee ID Number

Social Security Number

Employee Address

City, State Zip

Telephone

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 a written notice of its termination.

Friendship State Bank Checking Account Number:

Friendship State Bank Savings Account Number:

Friendship State Bank Routing Number: 074909988

Employee Signature

Date

Employer—If you are unable to accept this form, please forward your authorization form to this employee.



AUTOMATIC PAYMENT SWITCH FORM

Use this form to notify a company of your request to redirect your automatic payment to your new Friendship State Bank account. Complete one form for each payment.

To:

Merchant Name

Account #

Merchant Addr

Payment Date

Merchant Addr

City, State Zip

From:

Name

Please redirect my Automatic Payment from Friendship State Bank account:

Address

Friendship State Bank Account Number

City, State Zip

Checking Account Savings Account

Telephone

Payment Amount \$

074909988

Friendship State Bank Routing Number

Signature

Date

Merchant—if you are unable to accept this form, please mail and authorization form to your customer at the address listed.

ONLINE BANKING BILL PAYMENTS WORKSHEET

List your Online Banking Bill Payments that need to be transferred to your new Friendship State Bank Online Banking Bill Payment Service for easy setup. Print as many copies as needed to complete.

Checklist for Online Bill Payments:

- | | | |
|---|---|--|
| <input type="checkbox"/> Electric Company | <input type="checkbox"/> Mortgage or Rent Payment | <input type="checkbox"/> Home/Rental Insurance |
| <input type="checkbox"/> Gas Company | <input type="checkbox"/> Car Loan or Lease | <input type="checkbox"/> Automobile Insurance |
| <input type="checkbox"/> Water Company | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Auto Club (AAA) |
| <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Other Loans | <input type="checkbox"/> Health Club |
| <input type="checkbox"/> Cable Service | <input type="checkbox"/> Dept. Store Card | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

(Other example: Monthly water bill, quarterly insurance premium)

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$

Frequency/Payment Date

Amount Varies

Date Payee and/or Recurring Payment Set Up in Friendship State Bank Online Banking:

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$

Frequency/Payment Date

Amount Varies

Date Payee and/or Recurring Payment set up in Friendship State Bank Online Banking:

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$

Frequency/Payment Date

Amount Varies

Date Payee and/or Recurring Payment Set Up in Friendship State Bank Online Banking:

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$

Frequency/Payment Date

Amount Varies

Date Payee and/or Recurring Payment Set Up in Friendship State Bank Online Banking: