

SIMPLE SWITCH KIT

We Make the Switch Simple



5 Simple Steps

To Switch Your Account

The Process:

1 Open your Wells Bank account

Visit your local branch and a Personal Banking Representative will answer any questions and help you determine which checking account options are right for you.

2 Stop using your old account

Once you receive your Wells Bank checks and debit card by mail, discontinue use of your old checking account and allow all transactions to clear.

3 Change your direct deposits

Complete the enclosed form and submit it to your employer's human resources department and your retirement plan administrator along with a voided check. Note: to change Social Security Payments, call 1-800-722-1213. Do not send a letter.

4 Change automatic payments

Use the enclosed form or directly contact your previous bank to discontinue any automated payment services set to pay on a monthly basis. You may also use this form to stop all automated withdraws initiated by credit card companies, automated online payments or other vendors.

This is also a good time to sign up for Wells Bank Net Teller™ Online Banking. With Wells Bank Net Teller™ Online Banking, you can check balances, transfer money or pay bills with a click of the mouse.

5 Close your old account

This is the easiest part of all! Once you have confirmed that all transactions have cleared your previous bank account, submit the enclosed letter or contact them directly to have them close out your checking account and return any unused balance. Destroy and discard your checks, deposit slips and debit or ATM cards from your old account.

Notice of Change for Direct Deposits

Date

To (Company Name)

Address

City State Zip

To Whom It May Concern:

Personal Information

Name

_____ - _____ - _____

Social Security Number

Please change my automatic payroll deposits into my new account.

New bank Wells Bank
Address P.O. Box 380, Platte City, MO 64079
Routing number 101205940

Type of account _____
(Checking or Savings)

Account number _____

If you have any questions about this request, please feel free to call me. Thank you.

Phone (_____) - _____ Day Evening (Check One)

Sincerely,

Signature

Print Name

Address

City State Zip

Notice of Change for Direct Deposits – Non Payroll

Date

To (Company Name)

Address

City

State

Zip

To Whom It May Concern:

Personal Information

Name

____-____-____

Social Security Number

My Account Number with Your Organization

\$ _____

Deposit Amount (If Applicable)

Please change my automatic payroll deposits into my new account.

New bank	Wells Bank
Address	P.O. Box 380, Platte City, MO 64079
Routing number	101205940

Type of account _____
(Checking or Savings)

Account number _____

If you have any questions about this request, please feel free to call me. Thank you.

Phone (_____) - _____ Day Evening (Check One)

Sincerely,

Signature

Print Name

Address

City

State

Zip

Enclosed: Voided Check from Your Wells Bank Account

Notice of Change for Automatic Payment

Please Change My Automatic Payment

Date

Name of Company (Any Payee That Automatically Debits Payments From Your Account)

Address

City

State

Zip

To Whom It May Concern:

Please stop making withdrawals from my current account on _____ and
Start making them from my new Wells Bank account.

New bank	Wells Bank
Address	P.O. Box 380, Platte City, MO 64079
Routing number	101205940

Type of account _____
(Checking, Savings or Money Market)

Account number _____
Please send me confirmation indicating when this change takes effect.

If you have any questions about this request, please feel free to call me. Thank you.

Phone (_____) - _____ Day Evening (Check One)

Sincerely,

Signature

Print Name

Address

City

State

Zip

Account Number with Payee _____

Notice to Close Account

Date

Bank Name (Attention: Personal Banking Representative)

Address

City

State

Zip

To Whom It May Concern:

Please close my account(s) described below effective _____
Date

Account Numbers to be closed:

Checking Account Number _____
Owners _____

Checking Account Number _____
Owners _____

Savings Account Number _____
Owners _____

Money Market Account Number _____
Owners _____

Other Account Number _____
Owners _____

Please forward all remaining funds by check to the following address:

Address

City

State

Zip

If you have any questions about this request, please feel free to call me. Thank you.

Phone (_____) - _____ Day Evening (Check One)

Sincerely,

Account Holder Signature

Joint Account Holder Signature

Account Holder Print Name

Joint Account (Please Print)