

NEW ACCOUNT CONVERSION CHECKLIST

- Make sure all checks have cleared on your checking account
- Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn
- Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties
- Send written notice to:
 - Your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in your relationship
 - Vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account
 - Vendors who you want to continue to generate automatic withdrawals instead of paying by BillPay
 - The financial institution that you are closing the account.

CHECKING ACCOUNTS

- Regular Checking** monthly maintenance fee is \$7 unless you maintain a minimum balance of \$500 or an average balance of \$1000 or more.
- Personal Checking** no maintenance fee checking for senior citizens age 65 and over or anyone receiving a direct deposit.
- Student Checking** no maintenance fee checking for students age 23 and younger.
- Homeowners Advantage Checking** all it takes is proof of homeownership to get free checking plus a whole lot more.
- Main Street Rewards Checking** determine your own rate of interest based on debit card transactions.
- Now Account** earns a current market interest rate with a minimum balance of \$750.
- Insured Money Market Account** earns daily interest with minimum balance of \$2,500.
- Overdraft Protection** ask about the three ways to get overdraft protection.

We can also provide:

- Automatic Payments**
- Direct Deposit**
- Online Banking**
- ATM**
- Debit Card**

SAVINGS ACCOUNTS

- Statement Savings** provides monthly statement of activity. Earns current posted interest rate with interest compounded monthly. Minimum balance of \$200 has no monthly service charge.
- First Investors** earns higher interest rate. Minimum opening balance \$5,000.
- Money Market** earns variable money market interest rates with limited check writing.
- Christmas Club** convenient way to save for the holiday season.

DIRECT DEPOSIT ENROLLMENT

DIRECT DEPOSIT CHANGE NOTICE

Name Date

Social Security No.

Address City State ZIP

Name of employer, company or agent

PREVIOUS FINANCIAL INSTITUTION NAME

Name

Address City State ZIP

NEW FINANCIAL INSTITUTION

First State Bank
111 S. Main Street
Middlebury, IN 46540
574.825.2166

ACCOUNT TYPE (CHECK ONE)

- Checking
- Savings

Name Account No.

I hereby authorize you to redirect future automated direct deposits to my new checking/savings account.

Effective Date

Account No. Routing No.

Signature Date

RETIREMENT/SUPPLEMENTAL INCOME DIRECT DEPOSIT ENROLLMENT

Please Print

Name of Payee _____ Last _____

Social Security No. _____

Address _____ City _____ State _____ ZIP _____

Telephone No. _____

Representative Payee yes no

TYPE OF BENEFITS (CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> Social Security | Retirement, Survivors, and Disability |
| <input type="checkbox"/> Supp Security | Social Security Supplemental Income |
| <input type="checkbox"/> Railroad Ret Bd | Railroad Retirement Retirement/Annuity |
| <input type="checkbox"/> Railroad UI SI | Railroad Retirement Unemployment/Sickness |
| <input type="checkbox"/> VA Comp/Pension | VA Comp and Pension |
| <input type="checkbox"/> VA Life Insur | FA Life Insurance |
| <input type="checkbox"/> VA Educatn MGIB | VA Education |
| <input type="checkbox"/> VA Voc Rehab Emp | Veterans Vocational Rehab & Emp Benefits |
| <input type="checkbox"/> Civil Serv CSA | Office of Persnl Managmnt Retire/Annty |
| <input type="checkbox"/> Civil Serv CSF | OPM Survivor/Annuity |
| <input type="checkbox"/> MIL Survivor | Dept. of Defense, Annuities |

ACCOUNT TYPE (CHECK ONE)

- Checking
 Savings

Account No. _____

Preparers Initials _____ Banking Center _____ Date _____

Signature _____ Date _____

AUTOMATIC PAYMENT

Bring or mail this information to us (include the Automatic Payment forms if applicable).

AUTOMATIC PAYMENT CHANGE NOTICE

Name _____
 Social Security No. _____ Date _____
 Name of employer, company or agent _____
 Street _____
 City _____ State _____ Zip _____
 Account No. _____

PREVIOUS FINANCIAL INSTITUTION

Name of Institution _____
 Account No. _____
 Street _____
 City _____ State _____ Zip _____
 Checking Account No. _____

NEW FINANCIAL INSTITUTION

FIRST STATE Bank
 HOMETOWN VALUES.
 Middlebury
 111 S. Main
 574.825.2166

Name _____
 Checking Account No. _____
 I hereby authorize you to redirect future automated payment withdrawals to my NEW Checking Account.
 Effective _____
 Signature _____ Date _____

AUTOMATIC PAYMENT CHANGE NOTICE

Name _____
 Social Security No. _____ Date _____
 Name of employer, company or agent _____
 Street _____
 City _____ State _____ Zip _____
 Account No. _____

PREVIOUS FINANCIAL INSTITUTION

Name of Institution _____
 Account No. _____
 Street _____
 City _____ State _____ Zip _____
 Checking Account No. _____

NEW FINANCIAL INSTITUTION

FIRST STATE Bank
 HOMETOWN VALUES.
 Middlebury
 111 S. Main
 574.825.2166

Name _____
 Checking Account No. _____
 I hereby authorize you to redirect future automated payment withdrawals to my NEW Checking Account.
 Effective _____
 Signature _____ Date _____

AUTOMATIC PAYMENT CHANGE NOTICE

Name _____
 Social Security No. _____ Date _____
 Name of employer, company or agent _____
 Street _____
 City _____ State _____ Zip _____
 Account No. _____

PREVIOUS FINANCIAL INSTITUTION

Name of Institution _____
 Account No. _____
 Street _____
 City _____ State _____ Zip _____
 Checking Account No. _____

NEW FINANCIAL INSTITUTION

FIRST STATE Bank
 HOMETOWN VALUES.
 Middlebury
 111 S. Main
 574.825.2166

Name _____
 Checking Account No. _____
 I hereby authorize you to redirect future automated payment withdrawals to my NEW Checking Account.
 Effective _____
 Signature _____ Date _____

AUTOMATIC PAYMENT CHANGE NOTICE

Name _____
 Social Security No. _____ Date _____
 Name of employer, company or agent _____
 Street _____
 City _____ State _____ Zip _____
 Account No. _____

PREVIOUS FINANCIAL INSTITUTION

Name of Institution _____
 Account No. _____
 Street _____
 City _____ State _____ Zip _____
 Checking Account No. _____

NEW FINANCIAL INSTITUTION

FIRST STATE Bank
 HOMETOWN VALUES.
 Middlebury
 111 S. Main
 574.825.2166

Name _____
 Checking Account No. _____
 I hereby authorize you to redirect future automated payment withdrawals to my NEW Checking Account.
 Effective _____
 Signature _____ Date _____

Middlebury
 111 S. Main
 574.825.2166

Goshen
 1820 Greencroft Blvd.
 574.533.8459

Goshen
 201 N. Main
 574.533.8277

Elkhart
 1515 Cobblestone Blvd.
 574.266.2888

ACCOUNT CLOSING LETTER

Send written notice to:

- your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in your relationship
- vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account
- vendors who you want to continue to generate automatic withdrawals instead of paying by BillPay
- the financial institution that you are closing the account.

Date _____

To:

To Whom It May Concern:

Please accept this letter as authorization to close the below listed account(s). Remit the funds by bank check on my behalf to First State Bank in the enclosed postage-paid envelope.

Account owner _____

Social Security No. _____

Account owner _____

Social Security No. _____

Checking Account No. _____ Balance \$ _____

Savings Account No. _____ Balance \$ _____

Savings Account No. _____ Balance \$ _____

Certificate of Deposit No. _____ Balance \$ _____

Maturity Date _____ (Hold until maturity) _____

Certificate of Deposit No. _____ Balance \$ _____

Maturity Date _____ (Hold until maturity) _____

Please send the funds along with a copy of this letter to:

First State Bank
P.O. Box 69
Middlebury, IN 46540-0069

Thank you for your help with this matter.

Sincerely,

Notary
State of Indiana
County of _____

Before me the undersigned, a Notary Public for _____ County, State of Indiana,
personally appeared _____, and acknowledged the execution of this instrument,
this _____ day of _____, _____.

Notary Public

My commission expires: _____