

STATE BANK OF COUNTRYSIDE SWITCH KIT

Making a change for the better has never been easier.

With our simple Switch Kit, we have taken the hassle out of changing banks. Our Switch Kit includes all the forms you need to enjoy the benefits of banking with us right away:

- Direct deposit change form
- Automatic payment change form
- Account closure form

Follow these steps to a better banking relationship.

Step 1: OPEN YOUR NEW ACCOUNT WITH STATE BANK OF COUNTRYSIDE

Visit any of our convenient branch locations to open an account. You will need the following information to complete the account opening process:

- Your old checking account information
- Details of existing automatic payments
- Details of existing direct deposits
- Valid driver's license
- Another form of identification

Step 2: STOP USING YOUR OLD CHECKING ACCOUNT

Remember to leave sufficient funds in the old account to cover any outstanding checks or automatic debits. Destroy your unused checks, deposit slips and ATM/debit cards.

Step 3: CHANGE YOUR DIRECT DEPOSITS

Complete the direct deposit change form. Send a copy to your employer, investment advisor, or retirement fund so they know that you have changed banks. Attach a voided check from your new State Bank of Countryside account.

Step 4: CHANGE YOUR AUTOMATIC PAYMENTS

Use the automatic withdrawal change form to transfer all of your automatic payments. Don't forget to include online services linked to your old Debit Card. You will need to include a voided check from your new account with each form you complete.

Complete Steps 3 and 4 before proceeded with Step 5.

Step 5: CLOSE YOUR OLD CHECKING ACCOUNT

Simply complete and submit the account closure form. You may fax or mail it to your bank. Call your bank for details.

In order to complete the change forms you will need to know how to identify your routing and account numbers. This information is located on your checks.

YOUR ROUTING NUMBER

:000000000:

First set of numbers listed on the bottom left-hand of your check.

YOUR ACCOUNT NUMBER

"00 000 0"

Second set of numbers listed after your routing number.

CHANGE PAYROLL DIRECT DEPOSIT

For Social Security benefits, please call 1-800-772-1213; direct deposit arrangements can be made over the phone.

Date

Employer / Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing my ENTIRE CHECK / PART OF MY CHECK (circle one)
to the following account:

Former Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Bank Name: _____ State Bank of Countryside

Bank Routing Number: 071924212 _____

Account Number: _____

If you have any questions about this request, please contact me during the

DAY / EVENING (circle one) at (_____) _____ (phone number). Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID #, etc.)

CHANGE AUTOMATIC WITHDRAWAL

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

My account number with your company is _____ (account number).

You are currently withdrawing \$_____ (amount) for my

_____ (what payment is for), on _____ (date) from the following account:

Former Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

Bank Name: _____ State Bank of Countryside _____

Bank Routing Number: 071924212 _____

Account Number: _____

If you have any questions about this request, please contact me during the

DAY / EVENING (circle one) at (_____) _____ (phone number). Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

CLOSE ACCOUNT

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number),

and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the

DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip