

**Switch Kit** 

### Step One: Open your new West Town Bank account

- Simply fill out the **West Town Bank Account Form.** This form is a quick & easy way to gather the information you will need to open your new account(s) with West Town Bank.
- Bring your completed form to a West Town Bank location along with proper identification: Driver's License or Picture ID and Social SecurityCard.

### **Step Two:** Transfer your direct deposits

- You will need to notify any company that sends direct deposits to your account.
- First fill out the **Authorization to Change Automatic Payment** for any direct deposits you wish to be transferred to your new West Town Bankaccount.
- Then, send the completed form to your employer's Human Resource department, or another company handling your retirement or pension payments.
- If you receive a direct deposit from the Social Security Administration, got to their website, www.ssa.gov/deposit/howtosign.htm, or call 1-800-772-1213 in order to access the proper forms.

### **Step Three:** Transfer your automatic payments

- Use the **Authorization to Change Automatic Payment** form for each automatic payment you wish to be transferred to your new West Town Bank account.
- You also have the option to cancel your Automatic Payments and use our FREE Online Banking with Bill Pay instead. It's the convenient, easy way to track all your payments and to make sure all your bills are paid on time.

### ☐ Step Four: Close your old account

- The **Authorization to Close My Deposit Account** form should be completed for each account you wish to close and mailed to your previous financial institution.
- Make sure that all checks have cleared and automatic payments and direct deposits have been switched to your new West Town Bank account.
- Once they receive this form they will follow your instructions to close theappropriate account(s).
- Destroy all old checks, deposit slips and ATM cards associated with the oldaccount.







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### Switch to West Town Bank Today!

We are proud to be one of the most trusted and reliable financial institutions, with more than 90 years of proven financial stability. West Town Bank is more than just a community bank; we are your financial partner.

Bring your completed forms to any location today so we can customize an account plan that works best for you!

# Step One: New West Town Bank Checking/Savings Account Form Please Check one:

| Individual Account [_]                    | Joint Account [_]                |  |  |
|---|----------------------------------|--|--|
| <b>Primary Account Holder Information</b> | Joint Account Holder Information |  |  |
| Name                                      | Name                             |  |  |
| Street Address                            | Street Address                   |  |  |
| City, State, Zip                          | City, State, Zip                 |  |  |
| Mailing Address (if different)            | Mailing Address (if different)   |  |  |
| Email Address                             | Email Address                    |  |  |
| Home Phone                                | Home Phone                       |  |  |
| Work Phone                                | Work Phone                       |  |  |
| Cell Phone                                | Cell Phone                       |  |  |
| Social Security Number                    | Social Security Number           |  |  |
| Driver's License Number                   | Driver's License Number          |  |  |
|   |                                  |  |  |

State Exp. Date



State Exp. Date





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| Date of Birth                           |                    |                     | Date of Birth          |                   |  |
|---|--------------------|---------------------|------------------------|-------------------|--|
| Mother's Maiden Name                    |                    | <u> </u>            | Mother's Maiden Name   | her's Maiden Name |  |
| Employer                                | j                  | Employer Occupation |                        |                   |  |
| Occupation                              |                    |                     |                        |                   |  |
| Signature                               |                    |                     | Signature              |                   |  |
| Step Two: Authorization to Cha          | nge Dire           | ect Deposi          | it                     |                   |  |
| Company Name                            |                    |                     |                        |                   |  |
| Company Address                         | <br>ompany Address |                     | City, State            | ${Zip}$           |  |
| I have enclosed a voided check for your | r reierenc         |                     | Social Security Number |                   |  |
| Street Address                          |                    |                     |                        |                   |  |
| City                                    | State              | Zip                 | Contact Teleph         | one Number        |  |
| Previous Financial Institution Informa  | tion:              |                     |                        |                   |  |
| Name of Financial Institution           |                    |                     |                        |                   |  |
| Address                                 |                    |                     |                        |                   |  |
| Address                                 |                    |                     |                        |                   |  |
| City                                    |                    | State               |                        | Zip               |  |







## West Town Bank & Trust **Switch Kit**

### **New Financial Institution Information**

West Town Bank and Trust

| North Riverside, IL 60546  |  |                        |                      |
|--|--|------------------------|----------------------|
| Checking Account □   | Savings Ac                                       | ecount $\square$       |                      |
| Effective Date   |  | Account Number         |                      |
| Print Name   |  | Print Name Secondary   | Authorized Signature |
| Signature Secondary  |  | Authorized Signature   |                      |
| Date   |  | Date                   |                      |
| Step Three: Authorization Company Name   |  |                        |                      |
| Company Address  |  | City, State            | Zip                  |
| RE: Switching My Automatic Particle I have recently changed banks and account. Please discontinue transaction have enclosed a voided check for | d would like to have m<br>ections from my old ac |                        |                      |
| Name   |  | Social Security Number | r                    |
| Street Address   |  |                        |                      |
| City   | State Zi   | p Contact              |                      |







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| Previous Financial Institution Information:  |          |   |  |
|--|----------|---|--|
| Name of Financial Institution  |          |   |  |
| Address  |          |   |  |
| City   | _State   | Zip                                       |  |
| Account Number   | _        |   |  |
| <b>New Financial Institution Information</b>   |          |   |  |
| West Town Bank and Trust<br>7820 W. 26 <sup>th</sup> Street<br>North Riverside, IL 60546 |          |   |  |
| Routing Number: 271971599  |          |   |  |
| Checking Account □ Savings Account □   |          |   |  |
| Effective Date   | _        | Account Number                            |  |
| Print Name   | _        | Print Name Secondary Authorized Signature |  |
| Signature Secondary  | _        | Authorized Signature                      |  |
| Date   | <u> </u> | Date                                      |  |







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### **Step Four:** Authorization to Close My Deposit Account

| Previous Financial Institution Name  |             |  |                    |  |                |  |                |  |
|--|-------------|--|--------------------|--|----------------|--|----------------|--|
| Previous Financial Institution Address   |             | City, State  | Zip                |  |                |  |                |  |
| RE: Close My Account(s) Listed Below: I have recently changed banks and would like you     | to close t  | he following account(s) listed b                               | pelow immediately: |  |                |  |                |  |
| Primary Account Holder's Name  Joint Account Holder's Name (if applicable)  Account Number |             | Social Security Number  Social Security Number  Account Number |                    |  |                |  |                |  |
|  |             |  |                    |  | Account Number |  | Account Number |  |
|  |             |  |                    |  | Address        |  |                |  |
| City   | State       | Ziţ  | <u> </u>           |  |                |  |                |  |
| $\square$ Please send remaining funds to me at the ad                                      | ldress ab   | ove or   |                    |  |                |  |                |  |
| $\square$ Send the remaining funds to my new finance                                       | ial institu | ıtion  |                    |  |                |  |                |  |
| West Town Bank and Trust<br>7820 W. 26 <sup>th</sup> Street<br>North Riverside, IL 60546   |             |  |                    |  |                |  |                |  |
| Routing Number: 271971599  |             |  |                    |  |                |  |                |  |
| Checking Account □ Savings Accoun  | t 🗆         |  |                    |  |                |  |                |  |
| Effective Date   |             | For Deposit to this Account                                    | Number             |  |                |  |                |  |
| Print Name   |             | Print Joint Account Holder                                     | Name               |  |                |  |                |  |
| Signature  |             | Joint Account Holder Signa                                     | ture               |  |                |  |                |  |
| Date   |             | Date   |                    |  |                |  |                |  |



