

Lake-Osceola State Bank

Customer Care-Community Support

SWITCH KIT - INSTRUCTIONS

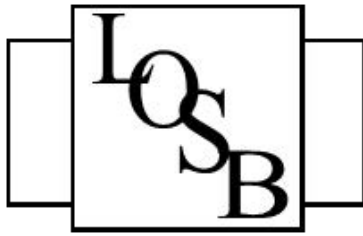
Thank you! We would love to be your bank! Switching over to Lake-Osceola State Bank is made simple by completing the following forms. Simply complete, print and bring into any one of our locations. A customer representative will be happy to assist you with products that fit all of your financial needs.

1. Stop using your old bank account. You will need to leave sufficient funds in the account to cover all outstanding checks and automatic payments that have not cleared. You will also need to destroy any unused checks, deposit tickets, ATM and debit cards. Or you can bring them in with you and our customer service representative will shred them for you at no charge.
2. Switch your Direct Deposits. Complete the “SWITCH KIT - Change in Direct Deposit” form and give to your employer, retirement plan, etc. Attach a deposit ticket or voided check, after opening your account at Lake-Osceola State Bank. For Social Security direct deposit changes call 1-800-772-1213 or go to www.ssa.gov. If you have direct deposit through the military, visit [myPay](#).
3. Change in Automatic Payments. Complete the “SWITCH KIT - Change in Automatic Payments” form to change all automatic withdrawals or automated payment services. If you have more than one automatic payment, please print a new form for each of them.
4. Closing your old account. Send the “SWITCH KIT - Authorization to Close Account” form to your previous financial institution to close your accounts. After all of your checks have cleared they will send you a check for the remaining balance.

If you have any questions please stop into any of our locations or contact us at

231-745-4601.

*Lake-Osceola State Bank
Customer Care - Community Support*



Lake-Osceola State Bank

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SWITCH KIT - New Account Information

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State, Zip _____ State, Zip _____

Mailing Address (if different) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

PRIMARY ACCOUNT HOLDER INFORMATION

JOINT ACCOUNT HOLDER INFORMATION

Social Security # _____ Social Security # _____

Driver's Lic. # _____ Driver's Lic. # _____

State _____ Exp. Date _____ State _____ Exp. Date _____

*Federal Regulation requires Lake-Osceola State Bank to require identity verification. You will be required to show your photo identification/driver's license at the time of account opening.

Date of Birth _____ Date of Birth _____

Employer _____ Employer _____

Mother's Maiden Name _____ Mother's Maiden Name _____

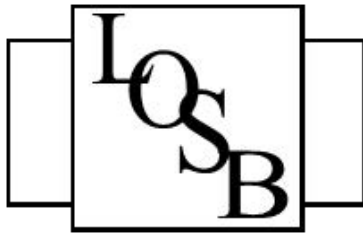
The information I have provided is correct to the best of my knowledge. I authorize Lake-Osceola State Bank to check credit and/or employment history should it deem necessary.

Signature

Date

Signature

Date



Lake-Osceola State Bank

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SWITCH KIT - Change in Direct Deposit

Date _____

Company Name _____

Address _____

City _____ State _____ Zip _____

You are currently depositing _____
Deposit type - paycheck, social security, military, etc.

Into the following account: _____

Bank Name _____

Routing Number _____ Account Number _____

I authorize you to redirect this automatic deposit into my new account
effective _____
Date

NEW BANK

Lake-Osceola State Bank

Routing Number: 072405604

Account Number: _____

If you have any questions, please contact me at the following phone number:

Sincerely,

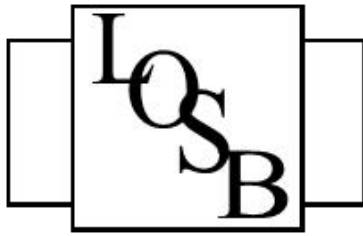
Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Print as many forms as needed for each direct deposit that you have.
Please attach a deposit ticket or voided check from your **new** Lake-Osceola State Bank
account.



Lake-Osceola State Bank

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SWITCH KIT - Change in Automatic Payments

Date _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Current Withdrawal Amount \$ _____ From Account # _____

For _____ on the _____ day of each month.

(Reason)

Bank Name _____

Routing Number _____ Account Number _____

I authorize you to:

Stop making withdrawals from the above account on: _____
Date

Start making withdrawals from my new account on: _____
Date

Lake-Osceola State Bank Routing # 072405604 **Account #** _____

If you have any questions please contact me at the following phone number:

Sincerely,

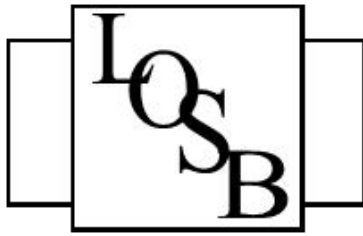
Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Please print as many forms as needed. Please attach a copy of a deposit ticket or voided check from your new account with Lake-Osceola State Bank.



Lake-Osceola State Bank

Customer Care-Community Support

SWITCH KIT - Authorization to Close Account Form

To: _____ Date _____

Name of financial institution

Street Address

City, State, Zip

Please accept this letter as authorization to close the account(s) indicated below.

Please send me a check for the remaining balance. OR

Please send Lake-Osceola State Bank (072405604) a check for the remaining balance and credit my account number: _____

Lake-Osceola State Bank, PO Box A, Baldwin, MI 49304

Please close my:

Checking Account Number

Savings Account Number

Other

If you have any questions regarding this request please call me at the following number.

Sincerely,

Authorized Signature

Printed Name

Street Address

City, State, Zip

Phone Number