



Switch Kit

Switching banks has never been easier! This kit will help you transition to a new bank that offers the products and service you need and deserve. Visit any First State Bank branch today to open an account.

Branch Locations:

2002 Broadway Scottsbluff, NE (308)632-4158
1540 10th Street Gering, NE (308)436-5011
1776 South Nevada Ave Colorado Springs, CO (719)475-1776
For branch hours please visit our website: www.fsbcentral.com

Follow this 5 step process to switch from your current bank to First State Bank.

1. Open an account at First State Bank
2. Stop using your account at your former institution to allow outstanding items to clear.
3. Switch your direct deposits by using the form included in our switch kit.
4. Switch your automatic payments by using the form included in our switch kit.
5. Close your account at your former institution once all outstanding items have cleared by using the form included in our switch kit.

I am interested in the following First State Bank products/services:

I would like to sign up for online banking.

I would like to be contacted by a Classic One Insurance representative.

Signature

Date

Printed Name

Automatic Payments

Company Name: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deduction be switched to my new account at First State Bank. My information is below:

Name on Account: _____

Identifying Number with your company: _____

Address: _____

Phone Number: _____

Please switch my automatic payment to this account:

Checking Savings

First State Bank Account Number: _____

First State Bank Routing Number: 104113343

Effective: Immediately Address: PO Box 1267 Scottsbluff, NE 69363

On ___/___/___ PO Box 280 Gering, NE 69341

1776 South Nevada Ave
Colorado Springs, CO 80906

I authorize your company to initiate deduction entries to my account at First State Bank. I understand that this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford a reasonable time to act. If you have any questions, please call me at the number listed above.

Signature

Date

Close Account

Former Bank Name: _____

Former Bank Address: _____

To Whom It May Concern:

Please close my bank account(s) as described below: Effective: _____ Immediately
On ____/____/____

Account #1

Name(s) on Account: _____

Account Number: _____ Checking___ Money Market___ Savings___

Please send the balance of this account by Official Check.

Account #2

Name(s) on Account: _____

Account Number: _____ Checking___ Money Market___ Savings___

Please send the balance of this account by Official Check.

Mailing Instructions for Official Check

Name: _____

Address: _____

If you have questions, please contact: _____ Phone #: _____

Signature

Date

Signature

Date