Getting Started

Making the switch to better banking today!

You can make the move to 5Star Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to 5Star Bank, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new 5Star Bank account(s).

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to 5Star Bank.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to 5Star Bank.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your 5Star Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change			Direct Deposit Checklist:
Company or Employer:			Use this list to remember all your direct deposits you need
Address:			to transfer. These are the most common direct deposits.
City, State, Zip:			Payroll
Phone Number:			Investments
Employee ID:			Retirement Plans
(if applicable)			Social Security
Effective immediately, pleas	se deposit the net amount of my check t	o my 5Star Bank	
account. I authorize (name	of depositor)		
to automatically deposit fun	ids into the account below. This authoriz	zation shall remain in	
place until I have submitted	d a new authorization, or until this autho	rization is changed or	
revoked by me in writing.			
Place an X next to your desire	ed option.		
	5Star Bank CHECKING		
Account #	Routing #	307087713	
Net amount to	5Star Bank SAVINGS		
Account #	Routing #	307087713	
Cignoturo			
Signature:		Date:	
Name:			
Address:			
City, State, Zip:			
Phone Number:			





Automatic Withdrawal Authorization

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TAR BANK

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of Withdrawal Authorization Change			Automatic Withdrawal
Name of Company: Account Number: Payment Amount: Address: City, State, Zip: Phone Number:	natic withdrawal from the following accour Bank Routing #	t:	Checklist: Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments. most commonly used automatic payments. Home Mortgage Auto Loans Utilities Insurance Gym/Club Memberships Credit Cards
Please make all future a Financial Institution: Account #	automatic withdrawals from the following ac 5Star Bank Bank Routing #		 Investments Subscriptions Charity Donations
). nain in effect until I have submitted to you a r me in writing that this authorization has beer		
Name: Address: City, State, Zip:			



Account Closure Authorization

STAR BANK

You can authorize your remaining balance to be deposited automatically to your new 5Star Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization		Congratulations!
To Whom It May Conce Financial Institution:	rn:	You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a
Address: City, State, Zip:		Welcome to 5Star Bank!
Please close my accou	nt:	
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Please send the remain Place an X next to your des Please depo		
Account #	Routing # 307087713	
Please forwa	ard me a check to my address listed below.	
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

