



Switch Kit Pre-Transfer Worksheet

The Switch Kit is a free tool that allows you to quickly and easily change your accounts from your financial institution to the State Bank of Toulon. By filling out a series of forms, the Switch Kit provides all the documentation that is needed to complete the process. The pre-transfer worksheet is intended to help you gather all of the information needed before filling out the Switch Kit forms. Once the information has been collected, you're ready to switch.

The information you will need to collect:

Your new State Bank of Toulon Bank account number.

If you don't have an account with the State Bank of Toulon, you will need to open one before switching.

Your current financial institution information.

Your current financial institution information is needed for us to close your current accounts.

A list of any automated debits (ACH)

Gather all information on companies that make electronic withdrawals from your account. This includes automatic debits (ACH) or automatic charges to your debit card. Common uses of automatic debits include rent/mortgage, utilities, phone and cable bills.

Any Direct Deposits.

List any companies who regularly deposit funds into your account. Some common uses of Direct Deposits include payroll, taxes, or expense reimbursements. Social Security customers need to call the Social Security Administration toll free at 1-800-772-1213 or go to ssa.gov/deposit/howtosign.htm. Local Social Security office numbers: Galesburg at 1-309-344-2141 or Rock Island at 1-309-793-5852

Electronic Payments (Online Bill Pay)

If you use an online bill pay service at your current financial institution, be sure to cancel each payee.

Questions?

Call our Customer Service Representatives or stop by any of our three convenient locations and we will be glad to help.

Galva Banking Center
210 S.W. 2nd Ave.
(309) 932-2131

State Bank of Toulon
102 W. Main St.
(309) 286-2861

Kewanee Banking Center
635 Tenney St.
(309) 852-3366

www.statebankoftoulon.com



Pre-Transfer Checklist

Last Month's Bank Statement

Automatic Deposits

Payroll

Contact the HR Department where you work.
Please include a voided check

Effective Date of Change _____

Social Security

Contact the Social Security Administration.

Effective Date of Change _____

Utilities Automatic Payment

Gas

Account No. _____

Effective Date of Change _____

Electric

Account No. _____

Effective Date of Change _____

Water/Sewer

Account No. _____

Effective Date of Change _____

Local/Long Distance Telephone Service

Account No. _____

Effective Date of Change _____

Cellular Telephone Service

Account No. _____

Effective Date of Change _____

Other Payments

Loans (e.g. car, home equity, student loan, credit card)

Account No. _____

Effective Date of Change _____

Account No. _____

Effective Date of Change _____

Mortgage

Account No. _____

Effective Date of Change _____

Transfer From Other Bank Accounts

Effective Date of Change _____

Brokerage Deposits

Effective Date of Change _____

Other

Effective Date of Change _____

Internet Service

Account No. _____

Effective Date of Change _____

Cable or Satellite TV

Account No. _____

Effective Date of Change _____

Garbage

Account No. _____

Effective Date of Change _____

Other

Account No. _____

Effective Date of Change _____

Other

Account No. _____

Effective Date of Change _____

Insurance (e.g. life, health, auto, home)

Account No. _____

Effective Date of Change _____

Account No. _____

Effective Date of Change _____

Brokerage-Automatic

Investments

Effective Date of Change _____

Other

Effective Date of Change _____

Other

Effective Date of Change _____



Direct Deposit/Direct Debit Transfer Authorization Agreement

State Bank of Toulon has received your written authorization to transfer your direct deposit(s) and direct debit(s) from another financial institution to your account at State Bank of Toulon. The direct deposit(s) and direct debit(s) you have authorized State Bank of Toulon to transfer to your account, _____, will be posted in the order in which the bank receives them.

In the event a direct debit you authorized (for transfer) is presented for payment before State Bank of Toulon receives the direct deposit you authorized (for transfer), State Bank of Toulon will pay the direct debit and will not assess an insufficient funds fee, if the payment causes your account to be overdrawn for the first sixty days from the date of your authorized transfer. Thereafter, fees will be assessed in accordance with the bank's "Schedule of Fees."

State Bank of Toulon will exercise ordinary care to complete your authorized transfer of direct deposit(s) and direct debit(s). If you incur any fees or charges due to negligence by State Bank of Toulon in the processing of your written request and/or authorized direct deposit(s) and direct debit(s) request, State Bank of Toulon will reimburse you for these fees and charges. Claims for reimbursement must be submitted in writing within six months of the date of your authorization to transfer. To file a claim, send a written request with your name, address, and account number along with a copy of the billing notice for the fee or charge to:

State Bank of Toulon
ACH Department
102 W Main St
Toulon IL 61483

Customer Signature

Date

Bank Representative Signature

Date

Member FDIC



Please close my account.

Date

Bank Name

Address

City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest to State Bank of Toulon, 102 W. Main Street PO Box 609 Toulon, Il. 61483 and a confirmation of account closure to customer:

Account Number

- Checking Account** _____
- Savings Account** _____
- Money Market Account** _____
- Certificate of Deposit** _____ Maturity Date _____

Please close my CD immediately.
I understand there may be penalties for
withdrawing before the maturity date.

Please close my CD upon maturity

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Address

Print Name

City State Zip

Account number w/ payee

Phone number Day Evening



Please change my direct deposit.

Date _____

Employer, pension, administrator or government entity making the direct deposit _____

Address _____

City _____ State _____ Zip _____

Phone _____

To Whom It May Concern:

Currently you are depositing my _____ payment into my bank account(s):
Paycheck, pension or government check

Current Bank _____ Routing Number _____
Account Number _____ Account Number _____

Please start making these automatic deposits into my new account(s) at State Bank of Toulon.

New bank information:

State Bank of Toulon Address: 102 W. Main Street PO Box 609 Toulon, Il. 61483

State Bank of Toulon routing number: 071107987

Deposit \$ _____ or _____ % of my _____ into my
Paycheck, pension or government check

State Bank of Toulon Checking account number: _____

Deposit \$ _____ or _____ % of my _____ into my
Paycheck, pension or government check

State Bank of Toulon Savings account number: _____

Please send me confirmation indicating when this change takes effect.

If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature _____

Address _____

Print Name _____

City _____ State _____ Zip _____

Account number w/ payee _____

Phone number _____ Day Evening



Please change my automatic payment.

Date

Name of insurance company, mortgage provider, utility company,
any payee that automatically debits payments from your account.

Address

City State Zip

To Whom it May Concern:

Currently you debit my _____ payment from my bank account(s):
(Indicate the type of payment)

Current Bank _____ Routing Number _____
Account Number _____ Account Number _____

**Please stop this debit from the above listed account on _____ and begin to debit this payment
from my new account at State Bank of Toulon. Date**

New bank information:

State Bank of Toulon address: 102 W. Main Street PO Box 609 Toulon, IL. 61483

State Bank of Toulon routing number: 071107987

State Bank of Toulon checking account number: _____

Please send me confirmation indicating when this change takes effect.

If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature

Address

Print Name

City State Zip

Account number w/ payee

Phone number Day Evening



Internet Banking Signature Verification Form

Thank you for applying for the State Bank of Toulon Internet Banking Services.

TO ACTIVATE YOUR INTERNET BANKING SERVICES, PLEASE SIGN AND DATE THIS PAGE AND SEND IT VIA US MAIL, FAX OR IN PERSON TO ANY OF OUR 3 LOCATIONS. IF WE DO NOT RECEIVE THE SIGNATURE VERIFICATION PAGE WITHIN 30 DAYS OF APPLYING, YOU WILL NEED TO REAPPLY.

Upon receipt of the signature verification page, the State Bank of Toulon will activate your access within 3 to 5 business days. At that time you can log into your messages and begin using our product.

State Bank of Toulon
P.O. Box 609
Toulon IL 61483
Phone: (309)286-2861
Fax: (309)286-7112

Customer Signature

Date

Account # _____

Handling Code: _____

Date Opened: _____

Member FDIC



Service Charge Disclosure

I am aware that the membership fee for the Lock Checking account has been waived for a promotional period of 6 months. Beginning with my _____ statement, I will be charged a \$5.00 monthly membership fee. I understand that if I wish to change my account from Lock Checking to Key Checking, I will need to notify State Bank of Toulon of these changes.

Customer Signature

Date

Bank Representative Signature

Date

Member FDIC