



CFSB

COMMUNITY FINANCIAL SERVICES BANK
Member FDIC

SWITCH KIT

Switching your accounts to CFSB only takes a few easy steps!



Open Your New CFSB Account

- Stop by the nearest CFSB location or utilize our Online Account Opening Portal at YourLifeYourBank.com. Don't forget to enroll in our Digital Banking services!



Stop Using Your Old Account

- Allow outstanding payments and checks to clear the account.



Set Up Direct Deposits

- Complete the **Direct Deposit Change Request** form and send it to your employer or your retirement plan along with a voided CFSB check.
- You can set up your Social Security Benefits by visiting GoDirect.gov or call the Social Security Administration at 800-333-1795.



Change Automatic Payments

- Complete the **Automatic Payment Change Request** form.
- This form can be used for all automatic payments or withdrawals from your account.
- Remember to switch over payments processed through your debit card using Card Swap within our Digital Banking.



Close Your Old Bank Account

- Once all pending payments have cleared your old account and your automatic payments have cleared your new CFSB account, close your old account using the **Account Closing Authorization** form.

SWITCH TRACKER

Use these lists to keep track of which direct deposits and automatic payments have been switched:

Deposits	Company Name	Account Number	Date Sent	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

Automatic Payments	Company Name	Account Number	Date Sent	✓
Mortgage/Rent				
Car				
Car				
Insurance				
Cell Phone				
Electricity				
Gas				
Water				
Other				
Other				
Other				

Direct Deposit Change Request Form

Change New

Company Information

Name

Date

Address

City, State, Zip

Phone

Individual Information

Name

Date

Address

City, State, Zip

Phone

I have closed account number _____ at _____,
and hereby authorize the transfer of my direct deposit to my new bank, Community
Financial Services Bank (CFSB), and submit this letter as written notification.

Deposit Instructions

Financial Institution: Community Financial Services Bank (CFSB)

Routing/ABA Number: 083903328 (CFSB)

Deposit the entire amount into account number _____.

Deposit \$_____ into account number _____ and the
remainder into account number _____.

I authorize:

- The above listed entity to initiate deposit of my funds to my CFSB account(s)
- CFSB to credit entries to my account
- The notice to remain in effect until I send written notice of change or cancellation

Signature

Date

Printed Name

***Attach a voided check copy**



Automatic Payment Change Request Form

Complete a separate form for each payment. This form may be copied. Don't forget that many automatic payments can be set up directly in CFSB's Digital Banking Bill Pay!

Change New

Customer Information

Name

Date

Address

City, State, Zip

Phone

Vendor/Payee Information (Complete as much as possible)

Name

Date

Address

City, State, Zip

Phone

New Bank Information

Financial Institution: Community Financial Services Bank (CFSB)

Routing/ABA Number: 083903328 (CFSB)

Account Number: _____

Checking Savings

Effective immediately, I authorize the above referenced Vendor/Payee and CFSB to initiate entries into my CFSB account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time.

Signature

Date

Printed Name

Account Closing Authorization

To: _____
(Current financial institution)

From:

Name Date

Address

City, State, Zip Phone

Accounts:

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

I hereby authorize the above listed account(s) to be closed. Please mail any remaining funds in these accounts to:

Me, at the above listed address

Community Financial Services Bank (CFSB)

P.O. Box 467

Benton, KY 42071

CFSB account number to be credited: _____

Primary Account Holder Signature Date

Printed Name

Joint Account Holder Signature Date

Printed Name

