

Switch Kit



WELCOME TO LEIGHTON STATE BANK!

Thank you for your interest in an LSB account. Your time is valuable, so we have created this simple switch kit to assist you in moving your account to LSB. Just follow these simple steps to get started.

- 1** OPEN A **NEW** LSB ACCOUNT.
Please visit one of our branch locations to open an account. One of our customer service representatives will help you find the type of account that is just right for you.
- 2** TRANSFER **DIRECT DEPOSITS** TO YOUR NEW LSB ACCOUNT.
Update your direct deposit information with your employer using our *Direct Deposit Authorization* form.
- 3** CHANGE **AUTOMATIC PAYMENTS**.
Using past monthly statements, review the automatic and online bill payments that are authorized on your previous account. Set up Bill Pay using your LSB online account or use our *Automatic Payment Authorization* form.
- 4** **CLOSE** YOUR OLD ACCOUNT.
Once all transactions have cleared, close your account and transfer funds to your new LSB account using our *Request to Close Account* form.

Please let us know if there is anything we can do to make your switch to Leighton State Bank more convenient. Our skilled customer service representatives are happy to assist you. We pride ourselves on being the area's first choice for flexible, friendly, and knowledgeable community banking.

SINCERELY,
Steve Fopma
President and CEO, Leighton State Bank

PELLA
900 Washington Street
641-628-1566

LEIGHTON
225 Otley Street
641-626-3721

MONROE
101 W. Washington Street
641-259-2016



Direct Deposit Authorization



DATE: _____

EMPLOYER: _____

EMPLOYEE'S NAME: _____

I hereby authorize my employer to deposit my payroll check into the LSB account(s) listed below.

LEIGHTON STATE BANK 900 WASHINGTON ST, PELLA 641-628-1566

ROUTING #: 073916778

CHECKING ACCOUNT #: _____

FULL DEPOSIT PARTIAL DEPOSIT _____ BALANCE

SAVINGS ACCOUNT #: _____

FULL DEPOSIT PARTIAL DEPOSIT _____ BALANCE

PLEASE MAKE THIS CHANGE EFFECTIVE: _____
DATE

I have attached a voided check for reference.

If you have any questions about this request, please contact me at the phone number below.

EMPLOYEE SIGNATURE

ADDRESS

PHONE NUMBER



Automatic Payment Authorization



DATE: _____

COMPANY: _____

ACCOUNT NUMBER: _____

ACCOUNT HOLDER: _____

I hereby authorize automatic payment from my new Leighton State Bank account.

LEIGHTON STATE BANK 900 WASHINGTON ST, PELLA 641-628-1566

ROUTING #: 073916778

ACCOUNT #: _____

TYPE OF ACCOUNT: CHECKING

SAVINGS

PLEASE MAKE THIS CHANGE EFFECTIVE: _____
DATE

I have attached a voided check for reference.

If you have any questions about this request, please contact me at the phone number below.

SIGNATURE

ADDRESS

PHONE NUMBER

8/2018



www.leightonbank.com | 641-628-1566

Request to Close Account



DATE: _____

FINANCIAL INSTITUTION: _____

ADDRESS: _____

Please accept this form as authorization to close the following account(s).

ACCOUNT #(S) TO CLOSE: _____

PLEASE MAKE THIS CHANGE EFFECTIVE: _____
DATE

On the closing date above, please send remaining funds to:

LEIGHTON STATE BANK
900 WASHINGTON ST.
PELLA, IA 50219
ROUTING # 073916778
ACCOUNT #: _____

OR

DIRECTLY TO ME
(SEE ADDRESS BELOW)

NAME (PLEASE PRINT) SIGNATURE

JOINT OWNER NAME (PLEASE PRINT) JOINT OWNER SIGNATURE

ADDRESS

PHONE NUMBER

