Getting Started

Making the switch to better banking today!

You can make the move to the BANKWEST in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to BANKWEST, 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 BANKWEST account(s).

Switch your direct deposits and automatic withdrawals.

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

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 BANKWEST.





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 BANKWEST account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change					t Deposit Checklist:
Company or Employer:				your di	is list to remember all rect deposits you need
Address:					sfer. These are the most on direct deposits.
City, State, Zip:					Payroll
Phone Number:				_	Investments
Employee ID:					Retirement Plans
<i>(if applicable)</i>					Social Security
Effective immediately, pl	ease deposit the net amount o	of my check	to my BANKWEST	_	
account. I authorize (nan	ne of depositor)				
to automatically deposit	funds into the account below.	This authoriz	zation shall remain in		
place until I have submit	ted a new authorization, or un	til this autho	prization is changed or		
revoked by me in writing.					
Place an X next to your de	sired option.				
	to BANKWEST CHECKING				
Account #		Routing #	091916543		
Net amount	to BANKWEST SAVINGS				
Account #		Routing #	091916543		
Signature:			Date:		
Name:					
Address:					
City, State, Zip:					
Phone Number:					





Automatic Withdrawal Authorization

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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					omatic Withdrawal cklist:
Name of Company:					this list to remember all your
Account Number:				autor	matic payments you need to sfer. These are some of the
Payment Amount:				most	commonly used automatic nents.
Address:				payn	
City, State, Zip:					Home Mortgage
Phone Number:					Auto Loans
Thone Number.					Utilities
Please change my autor	matic withdrawal from th	ne following account:		_	Insurance
Financial Institution:		0			Cable/Internet
					Gym/Club Memberships
Account #		Bank Routing #			Credit Cards
Please make all future a	automatic withdrawals fr	om the following acc	ount:	. –	Investments
Financial Institution:	BANKWEST				Subscriptions
Account #		Bank Routing #	091916543		Charity Donations
Thank you very much).			_	
This authorization will ren you have been notified by					
Signature:			Date:		
Name:					
Address:					
City, State, Zip:					
Phone Number:					





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new BANKWEST 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 A	Congratulations!			
To Whom It May Conce Financial Institution:	You had to sign your name a few timesbut submitting these forms completes your switch to a truly			
Address: City, State, Zip:		better banking experience. We can't wait to show you the difference a local partner makes. Welcome to BANKWEST!		
Please close my accourt	nt:			
Account Number:	Primary Owner:			
Address:				
City, State, Zip:				
Please send the remain Place an X next to your des Please depo Account #				
Please forwa	ard me a check to my address listed below.			
Primary Signature:	Date:			
Joint Signature:				
Name:				
Address:				
City, State, Zip:				
Phone Number:				



