

SWITCH NOW!!!

Changing banks is easier than you think.

First State Bank wants to help make the process organized and help you accomplish your goal. By following the four steps below you can successfully “**SWITCH NOW**”:

1. Open an account.

The pages titled **To open a Personal Account/Business Account** are provided to know what forms of ID are acceptable. Get a head start by printing, completing, and then bring in the **New Account Customer Application** form. (Bring a completed form for each owner and authorized signer on the account.).

2. Direct Deposits.

Use the **Direct Deposit Account Change Request** to send to an employer or company to inform them that you have changed banks for your direct deposits or payroll deductions.

(For Social Security, SSI, VA or other government related deposits, we can help in getting those switched to your new FSB account at account opening.)

3. Automatic Payments.

Use the convenient **Change Automatic Payment Account Request** form to send to each company authorized to make electronic withdrawals from your former bank account. A checklist of some possible automatic payments could be:

- Cable or Satellite TV
- Cell Phone or Home Phone Service
- Credit Cards
- Insurance: Car, Home, Life, or Medical
- Internet Provider
- Loans: Auto, Student, Personal or Mortgages or Rent
- Utilities: Electric, Gas, or Water

4. Discontinue using your former account.

When you are sure that outstanding items on your former bank account have cleared and the account has been reconciled, you can print and complete the **Account Closing Notification** form to give to your former bank

After opening your account at First State Bank, our free Online Banking, free Bill Pay, and Telebank are available 24 hours a day. Customers can apply for online banking at www.fsbvalliant.com or in person at the bank. Contact us at 580-933-4201 for more information.

FIRST STATE BANK

Valliant, OK

To open a Personal Account

In order to prevent the use of the US banking system in terrorist and other illegal activity, federal regulations under Section 326 of the USA Patriot Act requires that all financial institutions obtain, verify, and record identification from all persons opening new accounts or being added as signatories to existing accounts.

It is also possible that we will request identification of current account holders if documentation was not obtained at the time their account was originally opened.

We are committed to protecting and securely maintaining all customer information we receive.

At account opening please have available one form of ID from each of the following numbered categories:

1. US Taxpayer Identification Number

2. Unexpired **Primary** Identification:
 - >State Issued Driver's License
 - >State Issued Non-Driver's License
 - >Matricula Consular ID
 - >Military ID Card
 - >US Passport
 - >US Alien Registration Card
 - >Tribal ID

3. **Secondary** form of Identification:
 - >Social Security Card
 - >Medicare/Medicaid Card
 - >Insurance Card
 - >Firearm License
 - >Voter Registration Card
 - >Property Tax Bill
 - >Organizational Membership Card
 - >Student Identification Card
 - >Utility Bill

FIRST STATE BANK

www.fsbvalliant.com

**Personal New Account Application
Customer Information Profile**

Account type: _____ **Account #:** _____

Welcome to First State Bank. Thank you for choosing to bank with us. We look forward to serving all your banking needs. In order to prevent the use of the U. S. Banking system in terrorist and other illegal activity, federal regulations require all financial institutions to obtain, verify, and record identification from all persons opening new accounts or being added as signatories to existing accounts. **FIRST STATE BANK CANNOT WAIVE THESE REQUIREMENTS.**

SSN: _____ - _____ - _____

Applicant Name: _____
(First Name) (M) (Last Name)

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Email Address: _____ US Citizen: (Yes) (No)

Birth Date: _____ Home Phone: _____

Driver's License: _____ State Issued: _____ Cell Phone: _____

How long have you been at your current address : _____ (yrs) _____ (months)

Previous Address: _____

Occupation: _____ Employer: _____ Work Ph: _____

Name and phone number of nearest relative or someone who knows where you can be located:

Identification obtained – check at least two, one of which must be in the first box. Attach photocopies of each item checked below.

- | | |
|--|--|
| <input type="checkbox"/> State Issued Driver's License | <input type="checkbox"/> Firearm License/Hunting/Fishing License |
| <input type="checkbox"/> State Issued Non-Driver's ID Card | <input type="checkbox"/> Insurance Card |
| <input type="checkbox"/> Military ID Card | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Property Tax Bill |
| <input type="checkbox"/> US Alien Registration Card | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Matricula Consular ID | <input type="checkbox"/> Organizational Membership Card |
| <input type="checkbox"/> Tribal ID Card | <input type="checkbox"/> Student Identification Card |
| | <input type="checkbox"/> Utility Bill |

By signing below, I authorize First State Bank to check my credit history and to obtain information regarding my past credit and banking information from the credit bureau or Chex Systems.

Applicant Signature: _____ **Date:** _____

Accounts and Services you may be interested in:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Bill Pay | |
| <input type="checkbox"/> Loan (type) _____ | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Other _____ | | |

FIRST STATE BANK Valliant, OK

To open a Business Account

In order to prevent the use of the US banking system in terrorist and other illegal activity, federal regulations under Section 326 of the US Patriot Act requires that all financial institutions obtain, verify, and record identification from all persons opening new accounts or being added as signers to existing accounts.

It is also possible that we will request identification of current account holders if documentation was not obtained at the time their account was originally opened.

We are committed to protecting and securely maintaining all customer information we receive.

At account opening please have available one form of ID for each account owner/signer from each of the following numbered categories:

1. US Taxpayer Identification Number
2. Current **Primary** Identification:
 - >State Issued Driver's License
 - >State Issued Non-Driver's License
 - >Military ID
 - >US Passport
 - >US Alien Registration Card
 - >Matricula Consular ID
 - >Tribal ID
3. **Secondary** form of identification:
 - >Social Security Card
 - >Medicare/Medicaid Card
 - >Insurance Card
 - >Firearm License
 - >Voter Registration Card
 - >Property Tax Bill
 - >Organizational Membership Card
 - >Student Identification Card
 - >Utility Bill

At account opening please have available information pertaining to your business such as:

1. US Taxpayer Identification Number is required for all types of businesses. (Sole proprietorship and solely Owned LLC may use either an EIN or the owner's Social Security Number.)
2. Physical and mailing address of the business
3. Depending on the type of business:
 - >Corporation — State Articles of Incorporation, Corporate Resolution authorizing establishment of the account and authorizing signers on the account, meeting minutes naming the signers on the account
 - >Limited Liability Company — Articles of Organization, Resolution of LLC signed by all members designated as signers on the account
 - >Non Profit or Unincorporated Associations — Charters or By Laws, Minutes from a recent board meeting naming the signers on the account
 - >Partnership — Partnership agreement, State filing requirements such as Certification of Formation
 - >Sole Proprietors — Assumed Name Certificate from the county clerk for the county in which the business is operating(The bank can provide Resolutions for some types of business if necessary.)
4. Two forms of ID are required of each signer.
5. Bank signature cards must be completed and signed by each designated signer/owner when opening the account.

FIRST STATE BANK

www.fsbvalliant.com

Business New Account Application
Business Customer Information File

Account Type: _____ Account # _____

Welcome to First State Bank. Thank you for choosing to bank with us. We look forward to serving all your banking needs. In order to prevent the use of the US Banking system in terrorist and other illegal activity, federal regulations require all financial institutions to obtain, verify, and record identification from all persons, businesses, and entities opening new accounts or being added as signatories to existing accounts. FIRST STATE BANK CANNOT WAIVE THESE REQUIREMENTS.

Ownership of Business _____
Corporation/ DBA/LLC/LLP/Sole Proprietor/etc.

Taxpaper ID: SSN _____ EIN _____

Business/DBA/Entity/Organization Name _____

Nature of Business _____

Physical Address _____ Mailing Address _____

City State Zip City State Zip

Business Phone # _____ Cell Phone # _____

Fax # _____ Email _____

Authorized Signers listed in legal documentation (Corporate Resolution, Partnership Agreement, LLC/LLP Documents, Certification of Trust, By-Laws, Minutes, etc.).

List Authorized Signers: _____ Titles: _____

(Signature of Person opening the account) _____ Date _____

Accounts and Services you may be interested in:
___ Checking ___ Savings ___ Certificate of Deposit ___ Safe Deposit Box
___ ATM/Debit Card ___ Credit Card ___ Online Banking ___ Bill Pay
___ Paper Statements ___ Electronic Statements ___ Mobile Alerts
___ Loan (type) _____ ___ Other _____

Change Automatic Payment Account Request

Request To:

Company Name _____

Address _____

From:

Name on Account _____

Regarding: Financial Institution and Account Change

Effective: _____

Date

I have recently changed banks and would like for you to *stop* the automatic withdrawal of:

\$ _____ from my Checking/Savings account number _____ at

Former Bank Name _____ Routing Number _____

Start processing the withdrawal thru:

New Bank Name _____ First State Bank _____

Address _____ P O Box 775 Valliant, OK 74764

_____ 1606 E Lincoln Rd Idabel, OK 74745

_____ 129 N Lukfata Trail Rd Broken Bow, OK 74728

Checking/Savings Account Number _____ Routing Number _____ 103109390

If you have any questions or need me to sign any additional forms please let me know.

Home/Cell Phone _____ Work Phone _____

Sincerely,

Name _____ Signature _____

Address _____

This is authorization for the above listed company

- To initiate automatic payment from my new account at First State Bank Valliant, OK or Idabel, OK
- For First State Bank to debit funds from my account for each payment presented
- This authorization will remain in effect until I send written notice of change or cancellation

Direct Deposit Account Change Request

Date: _____

To: Payroll Department

Employer/Company Name _____

Address _____

From:

Employee Name _____

Social Security Number/ID Number _____

Address _____

Regarding: Financial Institution and Account Change Information Effective Date _____

You are currently depositing my paycheck to my account at _____

Routing Number _____ Checking/Savings Account _____

I have recently changed banks and would like for you to transfer my direct deposits to my new account at:

First State Bank PO Box 755 Valliant, OK 74764 Phone: 580-933-4201 Fax: 580-933-4710	First State Bank 1606 E Lincoln Rd Idabel, OK 74745 Phone: 580-286-5270 Fax: 580-286-5286	First State Bank 129 N. Lukfata Trail Broken Bow, OK 74728 Phone: 580-494-3105 Fax: 580-494-3098
--	---	--

Routing Number- 103109390 Checking/Savings Account Number _____

If you have any questions or need me to sign additional forms please contact me at

Cell Phone _____ Home Phone _____ Work Phone _____

Sincerely,

Print name _____ Signature _____

Address _____

This is authorization for the above mentioned employer/company

- To change the deposit of my funds to First State Bank at Valliant, OK or Idabel, OK
- For First State Bank to credit the funds to my account(s)
- This authorization is to remain in effect until I send written notice of change or cancellation

Account Closing Notification

To: _____
Financial Institution Name

Address

City/State/Zip Code

Date _____

From: _____
Account Title

Account Number

Address

City/State/Zip Code

Account Owner

Soc. Sec. #/TIN/EIN

Please accept this letter as authorization to close my account(s) with your bank. Please close the following account(s):

Account Number _____	Checking ___ Savings ___ Other _____
Account Number _____	Checking ___ Savings ___ Other _____
Account Number _____	Checking ___ Savings ___ Other _____
Account Number CD _____	Close Immediately* ___ At Maturity _____

*Your previous bank may assess a fee/penalty for early closing of CD prior to maturity

Please send any remaining funds to me by check to the address listed above.

If you have questions about this request please contact me at _____ Cell Phone
_____ Home Phone _____ Work Phone

Sincerely,

Name (Please Print)

Date

Signature