CONVERT YOUR ACCOUNTS TO FORESIGHT BANK WITH OUR

OUICK Switch

Thank you for choosing Foresight Bank!

We want to make your move to Foresight Bank as easy as possible. That's why we have developed this Quick Switch Kit, with everything you'll need to close your existing accounts and transfer your automatic payments and deposits. You won't even need to visit your old bank. Simply follow these steps:

Step 1: Open your new account at Foresight Bank

Stop in and one of our bankers will gladly assist you. When your new account is open, continue with Steps 2 and 3.

Step 2: Change your direct deposits and automatic payments

Simply complete the enclosed forms:

Authorization to Change Direct Deposit and/or Authorization to Change Automatic Payment

Complete a form for each company. Attach a voided check from your new Foresight Bank account, to each authorization form. Mail them as soon as possible.

Step 3: We'll help you close your old accounts.

Simply complete the enclosed form: **Authorization to Close My Account** and mail it to your old bank. (Or, we can mail it for you.) This form gives them all the information they need and saves you the inconvenience of an in-person visit to close your accounts. (Select a closing date at least 30 days from today, to allow checks you've written to clear and automatic deposits/payments to transfer to your new Foresight Bank account.)



Account Switch Checklist

Direct Deposits:*

- Payroll
- Social Security
- Government
- Retirement
- Investments

Automatic Payments

Mortgage
Auto Loan

Health Insurance

Life Insurance

Car Insurance

Credit Card(s)

Utilities

- Cable TV Cellular Phone
 - □ Internet Services
 - Health Club
 - Investments/Annuities
 - Charitable Contributions



*If questions, visit this page for adjusting your social security or direct deposit: https://www.godirect.gov/gpw/updateExisting/

Automatic Payment Authorization Form



NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name			
Company Address			
City, State and Zip			
Account Number	Payment Type		
Please change my existing au following bank and account	thorization(s) transfer automatic j number.	payment(s) from my previou	is bank to the
Last Name	First Name	Middle	
Address			
City, State and Zip			
Phone Number (🖵 Day / 🖵	Evening)		
My New Account Information	on:		
Account Type: 📮 Chec	king		
Bank Name: FORESIGH	T BANK Routing Number/ABA	# 091903239	
Account Number:			
I hereby authorize from my Foresight Bank Acc made to my account in error	ount indicated above and to make	(payee/company name) to in any necessary adjustments f	nitiate payments for any debit
Signature	Date		
State of	County of		
The foregoing instrument wa	s acknowledged before me on this	day of	, 20
by	·		

Notary Public Signature



NOTE: We advise you to wait to close your former account to make sure all outstanding debits have been received and all automatic transfers and direct deposits have been transferred to your new account with Foresight Bank. This means you could have two checking accounts open at two different banks at the same time.

PREVIOUS FINANCIAL INFORMATION

Name of Financial Institution	n			
Address				
City, State and Zip				
ACCOUNT HOLDE	R INFORMATION			
Last Name	First Name	Middle		
Address				
City, State and Zip			Phone	
Please close the accounts listed	below effective immediately an	nd forward any remainin	g balances as authorized be	low

(Circle One)

	(Clicle Olle)		
Account #:	🖵 Checking	🖵 Savings	Other
Account #:	Checking	🖵 Savings	Other
Account #:	Checking	Savings	Other

Remittance of Funds Request: (Check one)

Make Cashiers Check payable to Account Holder: ____ and mail to: Foresight Bank, 138 West Broadway, Plainview, MN 55964

Mail Cashier's Check to my address

I hereby authorize the closing of this account and transfer of funds

Account Holder Signature	Name (please print)	Date
Account Holder Signature	Name (please print)	Date
State of	County of	
The foregoing instrument was acknow	wledged before me on this day of	, 20
by	·	



NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account.

ACCOUNT HOLDER INFORMATION

Last Name	First Name	Middle	
Address			
City, State and Zip			Phone
Employee ID# (if applicable	;)		
DIRECT DEPOSIT	INFORMATION		
Company Name			
Company Address, City, Sta	ate and Zip		
Please change the account u Account Type:	_	of my net pay to my new l	bank account:
		Routing Number/AB en two accounts please add	
Account Number:		Routing Number/AB	A # 091903239
Percentage of deposit i	nto first account:	% Second account:	%
I hereby authorize,		(company na	me) to deposit directly to my
Foresight Bank Account inc account in error.		,	ents for any credit made to my
Employee Signature		Date	
State of	County c	of	
The foregoing instrument w	as acknowledged befor	re me on this day of	, 20
by	·		

Notary Public Signature