SIMPLE SWITCH KIT

We Make the Switch Simple



5 Simple Steps

To Switch Your Account

The Process:

1 Open you Wells Bank account

Visit your local branch and a Personal Banking Representative will answer any questions and help you determine which checking account options are right for you.

2 Stop using your old account

Once you receive your Wells Bank checks and debit card by mail, discontinue use of your old checking account and allow all transactions to clear.

3 Change your direct deposit

Complete the enclosed form and submit it to your employer's human resources department, your retirement plan administrator along with a voided check. Note: to change Social Security Payments, call 1-800-722-1213. Do not send a letter.

4 Change automatic payments

Use the enclosed form or directly contact your previous bank to discontinue any automated payment services set to pay on a monthly basis. You also may use this form to stop all automated withdraws initiated by credit card companies, automated online payments or other vendors.

This is also a good time to sign up for Wells Bank Net Teller[™] Online Banking. With Wells Bank Net Teller[™] Online Banking, you can check balances, transfer money or pay bills with a click of the mouse.

5 Close your old account

The easiest part of all is once you have confirmed that all transactions have cleared your previous bank account, submit the enclosed letter or contact them directly to have them close out your checking account and return any unused balance. Destroy and discard your checks, deposit slips and debit or ATM cards from your old account.

Notice of Change for Direct Deposits

Date			
To (Company Name)			
Address			
City	State		Zip
To Whom It May Cor	ncern:		
Personal Information			
Name			
Social Security Number			
Please change my au	tomatic payroll deposits into my	new account.	
New bank	Wells Bank of Platte City		
Address	P.O. Box 380, Platte City, MO	64079	
Routing number	101205940		
Type of account			
	(Checking or Savings)		
Account number			
If you have any ques	tions about this request, please f	eel free to call me.	Thank you.
Phone ()	Day/Evenin	g (CircleOne)	
Sincerely,			
Signature			
Print Name			
Address			
City	State		Zip

Notice of Change for Direct Deposits - Non Payroll

Го (Company Name)			
Address			
City		State	Zip
To Whom It May Co Personal Information	ncern:		
Name			
		_	
My Account Number with Y	our Organization	_	
		_	
Deposit Amount (If Applical	ble)		
New bank Address	Wells Bank of Pl P.O. Box 380, Pl 101205940	latte City atte City, MO 64079	
Routing number			
-		ng or Savings)	
Type of account		ng or Savings)	
Type of account Account number	(Checkir	ng or Savings) 	o call me. Thank you.
	(Checkir		
Type of account Account number If you have any ques Phone () -	(Checkir	uest, please feel free to	
Type of account Account number If you have any ques Phone () - Sincerely,	(Checkir	uest, please feel free to	
Type of account Account number If you have any ques Phone () - Sincerely,	(Checkir	uest, please feel free to	
Type of account Account number If you have any ques Phone () - Sincerely, 	(Checkir	uest, please feel free to	

Enclosed: Voided Check from Your Wells Bank Account

Notice of Change for Automatic Payment

Please Change My Automatic Payment

Date			
Name of Company (Any Pa	yee That Automatically Debits Payments From You	r Account)	
Address			
City	State	Zip	
To Whom It May Co	oncern:		
	withdrawals from my current accour from my new Wells Bank account.	nt on	and
New bank	Wells Bank		
Address	P.O. Box 380, Platte City, MO 64	079	
Routing number	101205940		
Type of account	(Checking, Savings or Money Market)		
Account number			
Pleasesend me confirmation	on indicating when this change takes effect.		
If you have any que	stions about this request, please feel	free to call me. Thank	k you.
Phone () -	Day/Evening (Circle One)	
Sincerely,			
Signature			
Print Name	· · · · · · · · · · · · · · · · · · ·		
Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	
Account Number wi	ith Payee		

Notice to Close Account

Date			
Bank Name (Attention: Personal Banking Represe	ntative)	· · · · · · · · · · · · · · · · · · ·	
Address			
City	State	Zip	
To Whom It May Concern:			
Please close my account(s) described	d below effective		
Account Numbers to be closed:		Date	
CheckingAccount Number			
CheckingAccount Number			
Savings Account Number Owners			
Money Market Account Number_ Owners			
Other Account Number Owners			
Please forward all remaining funds b	by check to the following ac	ldress:	
Address			
City	State	Zip	
If you have any questions about this	request, please feel free to	o call me. Thank you.	
Phone ()	Day/Evening (CircleOnd	e)	
Sincerely,			
Account Holder Signature	Joint Account Holde	r Signature	
Account Holder Print Name	Joint Account (Pleas	ePrint)	