

Welcome to

The Bank of
TIOGA



Switch Kit

Switch Checklist

Use this checklist to identify all payments connected to your account.

Automatic Deposits

- Payroll
- Transfers from other bank accounts
- Social Security
- _____ (Other)
- _____ (Other)

Other Payments

- Loan Payments
- Mortgage
- Transfers to other bank accounts
- Insurance (Life, Health, etc.)
- Car Payment
- _____ (Other)

Utility Automatic Payments

- Gas
- Electric
- Water/ Sewer
- Home Phone Service
- Cellular Phone Service
- Internet Service
- Cable or Satellite TV
- Garbage
- _____ (Other)
- _____ (Other)

Switch Kit Helpful Hints

- *Check with your bank to make sure no additional forms or information are required.*
- *Ask about early withdrawal penalties before you close your old accounts. For Certificates of Deposit (CD's) double check maturity dates.*
- *Ensure all outstanding checks have cleared your old account.*
- *Ensure all electronic credit and debit payments have been transferred to your new account or stopped.*
- *Make sure to transfer or write a check for the remaining balance in your old account to deposit into your new account.*
- *Make sure your old account gets closed after all deposits/withdrawals have been switched to your new account.*
- *If the address on your drivers license does not match your current address then you will need to bring a utility bill or two other types of proof of current address.*

**Thank you for choosing The Bank of Tioga.
We appreciate your business and
are happy to serve you.**

For more information please contact:

The Bank of
TIOGA

(701) 664-3388
or
thebankoftioga.com

MEMBER FDIC

Direct Deposit Change Authorization

Complete this form, print, and send to all companies or locations who are depositing funds into your previous account.

Direct Deposit Information

Name

Joint Owner Name (if applicable)

Street Address

City

State

Zip

Home Phone

Please discontinue sending my automatic deposit to:

Financial Institution Name

Routing Number

Account Number

Please begin sending this deposit to:

The Bank of Tioga
7 N Main Street
PO Box 429
Tioga, ND 58852
(701) 664-3388

Routing #

091310990

Account #

Please Check the Correct Box

Deposit Entire Amount to my Checking Account

Deposit the Following Amount to my Checking Account

\$

I authorize the deposit of my funds to a The Bank of Tioga account and this authorization will remain in effect until I send written notice of change or cancellation.

Signature _____ Date _____

Automatic Payment Change Authorization

Complete this form and submit it to any company or organization that is automatically withdrawing payments from your existing account (insurance, utilities, mortgage). This process can sometimes take up to two weeks to process. Feel free to make as many copies of this form as needed. This is where your switch checklist will come in handy!

Payment Change Information

Name			
Street Address	City	State	Zip
Home Phone			
Payment Description/Account Number			

I currently have my payment automatically withdrawn from:

Financial Institution Name	Routing Number	Account Number
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Please begin automatically deducting my payment from:

The Bank of Tioga 7 N Main Street PO Box 429 Tioga, ND 58852 (701) 664-3388	Routing # 091310990
	Account #

Account Type

- Checking
 Savings
 _____ (Other)

I authorize you to redirect future automated payment withdrawals to The Bank of Tioga.

Signature _____ Date _____

Authorization to Close My Account

To close out your account(s) at your current bank, please complete an Authorization to Close form, making copies of the form as necessary. Mail or take the completed form(s) to your current bank. Be sure to move any remaining account balance(s) to your new The Bank of Tioga account.

Account to Close:

Current Financial Institution Name			
Account #	Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Other
Name on Account		Routing Number	
Joint Owner Name (if applicable)			
Street Address	City	State	Zip

Please close the following additional account:

Checking Account #
Saving Account #
Other Account #

Please send a check to me/us for the remaining balance in the above described account(s) to the address on file.

Signature _____ Date _____

Joint Owner Signature _____ Date _____