



# SWITCH KIT

***Switch to Hoosier Heartland State Bank today using this Switch Kit***

***Joining us is easy....***

Hoosier Heartland State Bank's priority is gaining and maintaining your trust. Our staff is eager to help you make the transition from your current financial institution to **Hoosier Heartland State Bank**. This kit includes all the information you will need to make the switch as easy as possible. Just follow the steps below and within a few minutes, you will be well on your way to becoming a valued **Hoosier Heartland State Bank** customer.

**Brad Monts**  
President

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**Step 1:** Open a Hoosier Heartland State Bank account. Visit one of our new accounts representatives and select one of our many checking account options. For a quick summary of our accounts, visit our Web site at [www.myhhsb.com](http://www.myhhsb.com). Be sure to ask about Internet Banking, Bill Pay, and Mobile Banking.

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**Step 2:** Before you close your former account, make sure you leave enough money in the account to cover all outstanding checks and electronic debits.

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**Step 3:** If applicable, request your employer to change the account where your payroll is deposited. Complete the **Direct Deposit** form in this kit. Copy as needed for multiple employers.

**New HHSB Account #:** \_\_\_\_\_ **HHSB Routing #:** 074908112

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**Step 4:** Complete the **Automatic Payments** form to document all your automatic payments. Then, use the **Payment Change** form to notify others about your account change.

As a follow-up, you can use the Automatic Payments form to track which payments have been successfully changed.

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**Step 5:** Once all your automatic payments and direct deposits have been successfully changed, send the completed **Account Closing** form to your former bank.



# Direct Deposits

**Use this form to change your direct deposit to HHSB.**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Company Name)  
\_\_\_\_\_ (Company Address)  
\_\_\_\_\_ (City, State, ZIP)

Primary Account Holder:  
\_\_\_\_\_ (Name) (Home Address)  
\_\_\_\_\_ (City, State, ZIP)

**NOTE:**  
Use this form for each direct deposit to be changed.  
  
Contact your employer(s) concerning direct deposit changes. They may require the use of their form.

Please accept this letter as authorization to change the bank account information for my direct deposit in the name of: \_\_\_\_\_, Effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Hoosier Heartland State Bank Account Number: \_\_\_\_\_

Hoosier Heartland State Bank Routing Number: 074908112

Bank Address: 1400 Darlington Ave. Crawfordsville, IN 47933 Phone: 765-364-6666

Checking  Savings

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

If available, attached is a voided check from my account.

If you should have any questions regarding this request, please call me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
(Customer Signature)



# Automatic/Bill Pay Payments

*Use this form to gather all your automatic payment information to successfully change to your new HHSB account.*

Payment	Company	Account #	Amount	Payment Date	Completed?
Mortgage / Rent					
Auto Loan(s)					
Insurance					
Credit Card(s)					
Utilities					
Cable / TV					
Telephone					
Cell Phone					
Trash Removal					
Internet Provider					
Investments					
Charities					
Daycare					
School Expenses					
Other					
Other					
Other					



# Payment Change

*Use this form to change automatic payments or withdrawals.*

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Company Name)  
\_\_\_\_\_ (Company Address)  
\_\_\_\_\_ (City, State, ZIP)

From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Home Address)  
\_\_\_\_\_ (City, State, ZIP)

**NOTE:**

If there are multiple payments involved please complete a form for each.

Please accept this letter as authorization to change the bank account information for automatic payments or withdrawals.

Account #: \_\_\_\_\_ Approx. Amount: \$ \_\_\_\_\_

Hoosier Heartland State Bank Routing Number: 074908112

Bank Address: 1400 Darlington Ave. Crawfordsville, IN 47933 Phone: 765-364-6666

Checking       Savings       Other: \_\_\_\_\_

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

If you should have any questions regarding this request, please call me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
(Customer Signature)

If available, attached is a voided check from my account.



# Account Closing

*Use this form to close your account at another bank.*

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Bank Name)  
(Bank Address)  
(City, State, ZIP)

**NOTE:**  
Use this form for each account  
you have at the former bank.

Primary Account Holder:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name) (Home  
Address)  
(City, State, ZIP)

Secondary Account Holder:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name) (Home  
Address)  
(City, State, ZIP)

Please accept this as my authorization and direction to close my account with your institution.

Account Number: \_\_\_\_\_  
Select One:     Checking     Savings     Certificate of Deposit  
                   Money Market     Other

**INSTRUCTIONS:**

Please send the check in the amount of my account balance plus any accrued interest (if applicable) to my attention at the address on file.

If you should have any questions regarding this request, please call me at \_\_\_\_\_.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
(Customer Signature)