Simplyswitch

Personal Checking Accounts

To make this transaction as simple as possible, we suggest the following:

1. Maintain a balance in your old checking account to cover all automatic charges for two months. (Some companies may take longer than others to honor your request.)
2. Once you receive your new checks from American Bank, **do not write any more checks on your old account.**
3. Check your American Bank checking account statement to verify your automatic transfer and deposit requests have been changed over.
4. Once you are able to verify **all** changes have been made correctly, close your old checking account by following these guidelines:
   a. Verify all outstanding checks have been paid.
   b. Call or visit your former financial institution to find out your closing balance on your old checking account. (You may have earned interest in the interim.)
   c. Write a check on your old account for the final balance figure and deposit it into your American Bank checking account.
   d. When you receive the final statement on your closed account, destroy all remaining checks for that account. (This is a security measure for your protection)

Automatic Payment and Automatic Deposit Information Sheet

Automatic payments and transfers are a convenient way to save time and money. We'll help you make automatic payments and deposits by contacting businesses for you and requesting these automatic services on your behalf. Simply provide us as much account information as possible about your desired payments and deposits—the information can typically be found on past bank statements; on billing or premium notices; on policies; on benefits; statements; etc. (Please use blue or black ink.)

Payments:

Insurance, Utilities, Investments, Loan payments, Other

	Company Name or Agent	Address	Phone Number	Account Number	Standard Amount if Any
1.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
		_____	_____	_____	_____

5 Convenient Locations For All Your Banking Needs!

Cuba City
100 N Main Street • (608) 744-2125

Hazel Green
1925 Main Street • (608) 854-2251

Lancaster
235 N Madison • (608) 723-5678

Fennimore
1055 Lincoln Avenue • (608) 822-7300

Platteville
130 McGregor Plaza • (608) 348-4300

American Bank Easy Switch Fact Sheet

Step 1: Tell us which accounts you want to open.

Checking: ☐ AmeriClub Checking ☐ Freedom Checking ☐ Interest Checking ☐ Regular Checking

Savings: ☐ Statement Savings ☐ Junior Savers ☐ Holiday Club ☐ Money Market Investment Account

Would you like an American Bank Debit Card? ☐ Yes ☐ No Regular ATM Card? ☐ Yes ☐ No

With what check number would you like to start? _____

Step 2: Tell us about yourself.

APPLICANT

Last Name First Initial

Social Security # Date of Birth

Home Address (Street) P.O. Box

City State Zip

Home Telephone # Drivers License # Issuing State

Employer Work Telephone #

E-mail Address

CO-APPLICANT

Last Name First Initial

Social Security # Date of Birth

Home Address (Street) P.O. Box

City State Zip

Home Telephone # Drivers License # Issuing State

Employer Work Telephone #

E-mail Address

Do you currently have Automatic Payments (such as insurance and utilities) or Automatic Deposits (such as social security, payroll or pensions) that you'd like help switching? ☐ Yes ☐ No *If yes, please complete the enclosed Automatic Payment and Automatic Deposit Information Sheet.*

Check the office location you will probably use most often:

☐ **Cuba City**, 100 N Main Street ☐ **Hazel Green**, 1925 Main Street ☐ **Lancaster**, 235 N Madison Street
☐ **Fennimore**, 1055 Lincoln Avenue ☐ **Platteville**, 150 McGregor Plaza

SIGNATURE: Please read this statement before signing.

All the information I have given in this form is true and correct. I request the paperwork necessary to open the account(s) Indicated above be prepared. I understand my signature(s) and opening deposit(s) will be required at a future date. If more than one person signs below, I understand that this statement applies to both parties. I authorize the bank to process automatic deposits and payments as indicated by me on the Automatic Payment and Automatic Deposit Sheet.

Signature of Applicant Date Signature of Joint Applicant (If any) Date

You _____

Your Address _____

Your City, State, Zip _____

Date___/___/___

Offer Expires:_____ **up to $25 value**

The Holder of this coupon shall receive 200 FREE checks, simply for opening any American Bank checking account as part of our Switch Kit promotion.

200 FREE Checks

American Bank
American Bank & Trust • Member FDIC
WISCONSIN