

# Hassle – Free Switch Kit

*Moving over to CenBank is easier than ever!*



## Customer Focused. Community Driven.

We want to make your move to CenBank as easy as possible. With this Hassle-Free Switch Kit, you have the tools to make it happen. You won't even need to visit your old financial institution!

We have outlined an easy, 5 step process to make the transition as simple as possible. Our expert team is here to guide you through the quick and easy process of closing your existing accounts and transferring your automatic products to fit your needs. At CenBank, we are Customer Focused and Community Driven!

1	2	3	4	5
<b>VISIT</b> Your local CenBank branch and meet one of our friendly, knowledgeable Customer Service Representatives to select and open your new CenBank account today!	<b>STOP</b> Actively using the account you want to close. You should stop writing checks, initiating payments, and using your Debit / ATM card to allow for all transactions to clear and a final balance to be determined and moved over. This could take 2-3 months.	<b>SWITCH</b> Your Direct Deposit(s) to your new CenBank account. Notify your employer and other sources of deposit you are switching your account with the enclosed <b>Direct Deposit Request Form</b> . Make as many copies as you need.	<b>CHANGE</b> Your automatic payments. Transfer any payment (such as utility bills and loan payments) to your new CenBank account with the enclosed <b>Automatic Payment Authorization Form</b> . Make as many copies as you need.	<b>CLOSE</b> Your old account. Once all items have cleared your other account, it is time to instruct your former financial institution to close the account using the enclosed <b>Account Closure Form</b> , attached for your convenience.

# Ready, Set, SWITCH . . .





**Customer focused. Community Driven.**

**WELCOME**

Website.....[www.cenbank.com](http://www.cenbank.com)  
 Phone Banking .....1-877-5MY-BANK  
 (1-877-569-2265)

**Buffalo Lake, MN**

109 West Yellowstone Trail, PO Box 188  
 Buffalo Lake, MN 55314  
 320-833-5325 or 800-610-6712  
 Fax: 320-833-2047

	Lobby	Drive-Up
Mon.	8:30 am – 4:30 pm	8:30 am – 4:30 pm
Tues.	8:30 am – 4:30 pm	8:30 am – 4:30 pm
Wed.	8:30 am – 4:30 pm	8:30 am – 4:30 pm
Thurs.	8:30 am – 4:30 pm	8:30 am – 4:30 pm
Fri.	8:30 am – 6:00 pm	8:30 am – 6:00 pm
Sat.	Closed	Closed
Sun.	Closed	Closed

**Ortonville, MN**

113 1<sup>st</sup> St NW  
 Ortonville, MN 56278  
 320-839-6123 or 800-335-8920  
 Fax: 320-839-6123

	Lobby	Drive-Up
Mon.	9:00 am – 5:00 pm	8:00 am – 5:00 pm
Tues.	9:00 am – 5:00 pm	8:00 am – 5:00 pm
Wed.	9:00 am – 5:00 pm	8:00 am – 5:00 pm
Thurs.	9:00 am – 5:00 pm	8:00 am – 5:00 pm
Fri.	9:00 am – 5:00 pm	8:00 am – 5:00 pm
Sat.	Closed	9:00 am – 12:00 pm
Sun.	Closed	Closed

**Hutchinson, MN**

1380 Montreal St SE, PO Box 398  
 Hutchinson, MN 55350  
 320-587-2265

	Lobby	Drive-Up
Mon.	8:30 am – 5:00pm	8:30 am – 5:30 pm
Tues.	8:30 am – 5:00pm	8:30 am – 5:30 pm
Wed.	8:30 am – 5:00pm	8:30 am – 5:30 pm
Thurs.	8:30 am – 5:00pm	8:30 am – 5:30 pm
Fri.	8:30 am – 5:00pm	8:30 am – 5:30 pm
Sat.	Closed	9:00 am – 12:00 pm
Sun.	Closed	Closed

*Thank you for switching to CenBank,  
 We look forward to helping you take  
 another step on your path to success.*

**How to order Checks**

- Go to [www.cenbank.com](http://www.cenbank.com) and scroll to the bottom of the page and select the link to order checks.
- Call or stop in to your local branch

**Automatic Banking Options**

- Sign up for Nettle (online banking) to see your balance, see transactions that have or are posting, or make transfers to other CenBank accounts.
- Pay and receive bills online with i-Pay. It's fast, easy and secure.
- Set up automated transactions to electronically process through your account.
- Receive your statements and other select documents electronically so you don't need to wait for mail delivery or risk a lost statement.
- Remotely deposit your check through your smart phone and save the time and gas of traveling to your local branch.  
 \*Restrictions Apply
- Call i-Talk 24/7 at 877-569-2265 to get account balances and transactions over the phone.

**Social Security Offices**

- Marshall, MN.....Phone: 1-855-210-0122  
 TTY: 1-800-325-0778
- Mankato, MN .....Phone: 1-877-457-1734  
 TTY: 1-507-345-5389
- St Cloud, MN .....Phone: 1-800-772-1213  
 TTY: 1-800-325-0778
- Watertown, SD .....Phone: 1-888-737-1763

# Account Switching Checklist



Offices in Buffalo Lake, Ortonville & Hutchinson

Collect the statements for those companies you receive automatic deposits from or make automatic payments to. Enter the information for these companies below so you have an easy reference while your payments are being switched. Keep this checklist in a safe place to protect your personal information.

## Direct Deposits

	Company Name	Phone Number	Acct #	Deposit Date	Change Date	Switch Complete
Paycheck						
Pension						
Social Security	Social Security Office	1-800-772-1213				
Taxes (Refunds / Prop.)						

## Automatic Payments (Withdrawals)

	Company Name	Phone Number	Acct #	Payment Date	Change Date	Switch Complete
Mortgage or Rent						
Electric Company						
Gas Company						
Water Company						

*Continued on Back*

	<b>Company Name</b>	<b>Phone Number</b>	<b>Acct #</b>	<b>Payment Date</b>	<b>Change Date</b>	<b>Switch Complete</b>
<b>Telephone</b>						
<b>Cell Phone</b>						
<b>Cable Service</b>						
<b>Internet Service</b>						
<b>Trash Service</b>						
<b>Automobile Payment</b>						
<b>Home / Rental Insurance</b>						
<b>Automobile Insurance</b>						
<b>Life / Health Insurance</b>						
<b>Health Club</b>						
<b>Credit Card</b>						
<b>Credit Card</b>						
<b>Credit Card</b>						

If required by a company, CenBank's routing number is 091906731.

# Save Time with Direct Deposit of your Payroll

*It's safe, simple and it saves time.*

## Employer Direct Deposit Sign-Up Form

Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

### Why Direct Deposit?

- It's convenient and it saves time.
- Your check is automatically deposited into your account.
- It eliminates a trip to the bank.
- Your money is available in your account on payday.

Customer Name

Address

City

State

Zip

### It's safe and secure.

- No more lost or misplaced checks.
- Confirm your deposit by phone or online.

### It's simple . . . here's how.

#### *Payroll Checks*

- Take this completed application form to your employer's payroll department. Include a voided check so your employer can confirm your account and routing numbers. And that's it! Your employer does the rest!

**Please have my payroll check automatically deposited into the following account:**

*Select One:*

Checking Account #

Savings Account #

Bank's Routing #

#### *Government Checks*

- Sign in or create an account at <https://secure.ssa.gov/RIL/SiView.do> or
- Call 1-800-772-1213 (TTY 1-800-325-0778) or
- Fill out a 1199A Direct Deposit Form and take, or mail, to your local Social Security office (sheet enclosed).

I authorize (name of business)

And my bank to automatically deposit my payroll check into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.



Customer Signature

Date

Member FDIC

Revised 04/19/2017

# Direct Deposits

*It's safe, simple and it saves time.*



## Direct Deposit Sign-Up Form of OTHER Income

If you wish to set up or transfer direct deposit income from investments, pension / retirement plans, interest or dividends, contact the company directly or use this completed form and attach a voided check (preprinted) from your CenBank account and mail it to your source of income.

### Why Direct Deposit?

- It's convenient and it saves time.
- Your check is automatically deposited into your account.
- No more lost or misplaced checks.
- Confirm your deposit by phone or online.

### It's simple . . . here's how.

- Mail this completed application form to your source of income.
- Include a voided check so they can confirm your account and routing numbers. And that's it!

### PLEASE ESTABLISH or CHANGE ACCOUNT USED FOR DIRECT DEPOSIT

Company Name

Customer Name

Company Address

Address

City

City

State Zip

State

Zip

Account # or Customer #

Social Security #

Daytime Phone #

### Account for your Deposit:

*Select One:*

Checking Account #

Savings Account #

Bank's Routing #

I authorize (company)

and my bank to make deposits directly to my CenBank account indicated above, (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Customer Signature

Date

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE <i>(last, first, middle initial)</i>		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; height: 20px; border: 1px solid black; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																				
CITY	STATE	ZIP CODE																				
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT <i>(Check only one)</i>																				
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <span style="margin-left: 100px;"><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</span>																				
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income <span style="margin-left: 100px;"><input type="checkbox"/> Mil. Active _____</span>																				
Prefix		<input type="checkbox"/> Railroad Retirement <span style="margin-left: 100px;"><input type="checkbox"/> Mil. Retire. _____</span>																				
Suffix		<input type="checkbox"/> Civil Service Retirement (OPM) <span style="margin-left: 100px;"><input type="checkbox"/> Mil. Survivor _____</span>																				
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>																				
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">TYPE</td> <td style="width: 25%;">AMOUNT</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		TYPE	AMOUNT																	
TYPE	AMOUNT																					
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i>		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																				
SIGNATURE	DATE	SIGNATURE	DATE																			
SIGNATURE	DATE	SIGNATURE	DATE																			

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT											
		<table style="width: 100%; height: 40px; border: 1px solid black; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> </tr> </table>												<table style="width: 100%; height: 40px; border: 1px solid black; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> </tr> </table>	
		DEPOSITOR ACCOUNT TITLE													
<b>FINANCIAL INSTITUTION CERTIFICATION</b>															
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

**PRIVACY ACT NOTICE**

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.


**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	KANSAS CITY, MO	
Pay to the order of	JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	28 28 VA COMP	DOLLARS CTS \$****100 00
	<b>(A)</b>	<b>(F)</b>	
			<b>NOT NEGOTIABLE</b>
:00000518: 041571926"			

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



# Automatic Payment Authorization Form

*Hassle Free Payments.*

## Authorization to Withdraw Funds from your Account

This form is provided for companies requiring written authorization to establish or change automatic payments (withdrawals).

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 account. If this form is acceptable, complete the information and provide to your Payee.

### PLEASE ESTABLISH or CHANGE THE ACCOUNT USED FOR AUTOMATIC PAYMENTS (WITHDRAWALS)

Company Name

Customer Name

Company Address

Address

City

City

State

Zip

State

Zip

Account # or Customer #

Social Security #

Daytime Phone #

### Account to be debited:

*Select One:*

Checking Account #

Savings Account #

Bank's Routing #

\*For checking accounts please attach a voided check.

I authorize (payee / company name)

to initiate withdrawals from my CenBank account indicated above, (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.



Customer Signature

Date

# Account Closure Form



## Authorization to Close my Account

Bank Name:

Bank Address:

Please close the accounts listed below effective immediately. Please forward any remaining balance in my account(s) to the address listed below.

Account Holder Name(s):

Checking Account Number . . . . .

Savings Account Number . . . . .

Money Market Acct Number . . . . .

Other Account - Type & Number . .

Other Account - Type & Number . .

Forward closing balance(s) to:

Name . . . . .

Address . . . . .

City, State, Zip . . . . .

Telephone Number . .

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

Signature(s) & Date

Account Holder

Secondary Account Holder