



www.Bank-Star.com

Bank Star Easy Switch Kit

Easy Switch Checklist

To move your account to Bank Star, follow these easy steps:

1. Stop using your checking account at your former bank.

- Be sure to leave sufficient funds in your account to cover all outstanding checks and automatic payments.
- Destroy your old checks and any debit or credit cards associated with that account.

2. Change your direct deposits.

- You may use our Direct Deposit Authorization form to send to your Direct Deposit Originator (employer, government, retirement fund, etc.) directly. They may request that you complete one of their forms.
- If you receive Social Security payments, call 800-772-1213 to make the switch.
- Your account number and routing number are shown below.

Your New Routing Number is: 0 8 1 0 0 3 2 7 5

Your New Account Number is:

3. Change your automatic payments.

- Transfer any automatic payments (mortgage, rent, internet, utilities, cable TV, phone, auto, association dues, credit cards, etc.) to your new checking account.
- You may use our Request to Transfer Automatic Payment—follow-up with each biller using the telephone number on your bill two weeks after sending the form.

4. Close your former account.

- Allow all outstanding checks and automatic payments to clear and balance your former account.
- Transfer remaining funds out of your account and close the account. If you request a check for the final balance, your former bank may charge you a fee.
- You may use our Account Closing Request form or contact your former bank directly.



Complete each field in this form. Return the signed form along with a voided check to your Direct Deposit Originator (employer, government, retirement fund, etc.).

| Company NameAddress State Zip Code Phone | |
|--|------|
| | |
| City State Zip Code Phone | |
| | |
| Customer Information | |
| Name Employer ID/Account | |
| Social Security # | |
| Address | |
| City State Zip Code Phone | |
| | |
| Bank Information | |
| Bank Star | |
| 1999 W. OsageRouting-Transit081003275Pacific, MO 63069 | |
| For any direct deposit related questions, please call Customer Service at 888-671-STAR (78 | 27). |
| Bank Star Deposit Information | |
| Account Type: 🛛 Checking (including Money Market) 🖵 Savings | |
| Account # Amount \$ | |
| Account Type: 🛛 Checking (including Money Market) 🗅 Savings | |
| Account # Amount \$ | |

I authorize the above named entity to make deposits in the Bank Star account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I understand that this authorization will remain in full force and effect until the company named above has received written notification from me of its termination in time to afford the company and the depository a reasonable opportunity to act.

Customer Signature:_____ Date: _____ Date:



Complete each field in this form. Return the signed form along with a voided check to your Direct Deposit Originator (employer, government, retirement fund, etc.).

| Company NameAddress State Zip Code Phone | |
|--|------|
| | |
| City State Zip Code Phone | |
| | |
| Customer Information | |
| Name Employer ID/Account | |
| Social Security # | |
| Address | |
| City State Zip Code Phone | |
| | |
| Bank Information | |
| Bank Star | |
| 1999 W. OsageRouting-Transit081003275Pacific, MO 63069 | |
| For any direct deposit related questions, please call Customer Service at 888-671-STAR (78 | 27). |
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Customer Signature:_____ Date: _____ Date:



Complete, sign and send a copy of this letter to each company that you currently pay using an automatic withdrawal from your account (mortgage, credit card, phone, utilities, cable, internet, etc.). Attach a voided check from your new account to each request.

| Date | | | | | | | |
|---|--------------------|--------------|-------|--|--|--|--|
| Company Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | Phone | | | | |
| | | | | | | | |
| Attention: Accounts Receivable/Accounting | | | | | | | |
| Subject: Switching Aut | omatic Payments fo | or Account # | | | | | |

Biller account number

To whom it may concern:

The bank account currently used for my automatic payments is no longer active. Please immediately change my automatic payments to the bank account listed below.

Bank Star 1999 W. Osage Pacific, MO 63069 636-257-2265

| Bank Routing # | 0 | 8 | 1 | 0 | 0 | 3 | 2 | 7 | 5 |
|----------------|---|---|---|---|---|---|---|---|---|
| Bank Account # | | | | | | | | | |

If you have any questions regarding this request, please call me immediately at the number listed below. Thank you for your assistance.

| Sincerely, | | | |
|---------------------|-------|----------|-------|
| Customer Signature: | | | |
| Customer Name: | | | |
| Address: | | | |
| City | State | Zip Code | Phone |

ATTACH A VOIDED CHECK FROM YOUR NEW BANK STAR ACCOUNT



Complete, sign and send a copy of this letter to each company that you currently pay using an automatic withdrawal from your account (mortgage, credit card, phone, utilities, cable, internet, etc.). Attach a voided check from your new account to each request.

| Date | | | | | | | |
|---|--------------------|--------------|-------|--|--|--|--|
| Company Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | Phone | | | | |
| | | | | | | | |
| Attention: Accounts Receivable/Accounting | | | | | | | |
| Subject: Switching Aut | omatic Payments fo | or Account # | | | | | |

Biller account number

To whom it may concern:

The bank account currently used for my automatic payments is no longer active. Please immediately change my automatic payments to the bank account listed below.

Bank Star 1999 W. Osage Pacific, MO 63069 636-257-2265

| Bank Routing # | 0 | 8 | 1 | 0 | 0 | 3 | 2 | 7 | 5 |
|----------------|---|---|---|---|---|---|---|---|---|
| Bank Account # | | | | | | | | | |

If you have any questions regarding this request, please call me immediately at the number listed below. Thank you for your assistance.

| Sincerely, | | | |
|---------------------|-------|----------|-------|
| Customer Signature: | | | |
| Customer Name: | | | |
| Address: | | | |
| City | State | Zip Code | Phone |

ATTACH A VOIDED CHECK FROM YOUR NEW BANK STAR ACCOUNT



Complete, sign and send a copy of this letter to each company that you currently pay using an automatic withdrawal from your account (mortgage, credit card, phone, utilities, cable, internet, etc.). Attach a voided check from your new account to each request.

| Date | | | | |
|---|-------|----------|------------------|--|
| Company Name | | | | |
| Address | | | | |
| City | State | Zip Code | Phone | |
| Attention: Accounts R Subject: Switching Auto | | | | |
| | | Bille | r account number | |

To whom it may concern:

The bank account currently used for my automatic payments is no longer active. Please immediately change my automatic payments to the bank account listed below.

| Bank Star | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|
| 1999 W. Osage | | | | | | | | | |
| Pacific, MO 63069 | | | | | | | | | |
| 636-257-2265 | | | | | | | | | |
| | | | | | | | | | |
| Bank Routing # | 0 | 8 | 1 | 0 | 0 | 3 | 2 | 7 | 5 |
| | | | | | | | | | |
| Bank Account # | | | | | | | | | |

If you have any questions regarding this request, please call me immediately at the number listed below. Thank you for your assistance.

| Sincerely, | | | |
|---------------------|-------|----------|-------|
| Customer Signature: | | | |
| Customer Name: | | | |
| Address: | | | |
| City | State | Zip Code | Phone |

ATTACH A VOIDED CHECK FROM YOUR NEW BANK STAR ACCOUNT

Account Closing Request

| Date | | | |
|--------------|-------|----------|-------|
| Company Name | | | |
| Address | | | |
| City | State | Zip Code | Phone |

This letter is to inform you that I have decided to close the account(s) listed below. Please send a check for any remaining funds in the account(s) to my address listed below. If you have any questions regarding this request, please contact me at the phone number or address listed below. Thank you.

Account Owner Information

| Account Owner | Name | | | |
|----------------------------|----------------------|----------|-------|--|
| Account Co-Own | ner Name (if applica | ıble) | | |
| Address | | | | |
| City | State | Zip Code | Phone | |
| Phone: Day/Even | ing (circle one) | | | |
| | | | | |
| Account Informatio | n | | | |
| Checking Account | nt Number: | | | |
| Savings Account | Number: | | | |
| | | | | |
| Other Account: | | | | |
| Туре: | Account Number: | | | |
| Type:Account Number: | | | | |
| | | | | |
| Account Owner Signature | | | Date | |
| | | | | |
| Account Co-Owner Signature | | | Date | |
| (if applicable) | | | | |