Switching to State Bank is easy!

1. Open Your New Accounts

Your new State Bank checking or savings account opens the door to a number of benefits. Complete the New Account Infromation form and ask to speak with a State Bank customer service representative. He or she will take care of setting up your account(s). We'll even order your new checks. Photo identification is required when you open new accounts.

2. Change Direct Deposits

To switch any direct deposits you may have set up with your employer or the company handling your retirement or pension payments, complete the Change Direct Deposit form. A State Bank customer service representative will take care of the rest. Be sure to include a voided check (most companies require it to verify your account number).

3. Change Automatic Withdrawals

Next you'll need to contact the companies and financial institutions with which you have established automatic withdrawals. Complete the Change Automatic Withdrawal form, and a State Bank customer service representative can take care of the rest. Be sure to include a voided check (most companies require it to verify your account number).

4. Close Your Accounts

Leave your old accounts open long enough for outstanding checks and automatic withdrawals to clear, with enough money in the account to cover transactions. Once the accounts are no longer active, send your former financial institution the enclosed from and request the balance from the accounts. Finally, destroy old checks, ATM/debit cards and deposit slips.

The enclosed forms are intended to help you streamline the changeover process as a new account holder with State Bank. If you need help completing them, please contact us.

In order to change your direct deposit and automatic withdrawals, you will need to know the bank routing numbers and account numbers from your former financial institution and State Bank.

The bank routing number is the first nine digits of the series printed on the bottom of your checks. State Bank's routing number is 041203594. The account number is the next series of numbers, followed by the check number.





NEW Account Information

Please check all that you wi	sh to open.		
☐ Checking	☐ Savings		
☐ Certificate of Deposit	☐ Safe Deposit Box		
Primary Applicant			
First Name	MI		Last Name
Physical Address		Rent	Own
City		State	Zip
Home Phone	Work Phone		Cell Phone
SSN or TIN	D.O.B		Email Address
Driver's License Number	Driver's License Issue Date	Driver's License Expiration Date	
Employer's Name			
Occupation			
Why did you choose State E	Bank?		
Signature Date			

Note: Photo ID is required when you open your account.



CHANGE Direct Deposit

Employer or Retirement Contact

Date		
Name of Company that makes Automatic Withdrawal		
Address		
City	State	Zip
Message		
To Whom it May Concern:		
You are currently depositing \$to the following account:	(amount)	
Financial Institution Account Numb		
Please stop making deposits effective		
to that account and instead send them to:	(date)	
State Bank, 401 Clinton Street, P.O. E	30x 467, Defiance, OH 43512)
State Bank Routing Number: 041203	3594	
State Bank Account Number:		
If you have any questions about this reques	t, please contact me during) the
☐ day ☐ evening at		
Thank you,	(phone number)	
Employee or Retiree Information		
Signature Date		
Name (please print)		
Address		
City State Zip		

Other information your employer may need (SSN, Employee ID, etc.)



CHANGE Automatic Withdrawal

Company Information

may need (SSN, Employee ID, etc.)

Date		
Name of Company that makes Automatic Withdrawal	I	
Address		
City	State	Zip
Message to Company To Whom it May Concern:		
You are currently withdrawing \$ from my account on a weekly / monthly Previous Financial Institution:	/ / annual basis (circle one).	
Bank Routing Number:		
Financial Institution Account Nu		
Please stop making withdrawals from th		(date)
and instead make them from: State Bank, 401 Clinton Street, P State Bank Routing Number: 04 State Bank Account Number:		2
If you have any questions about this req	quest, please contact me during	g the
□ day □ evening at		
Thank you,	(phone number)	
Customer Information		
Signature		Date
Name (please print)		
Address		
City	State	Zip
Other information your employer		

401 Clinton Street | Defiance, OH 43512 P 800.273.5820 YourStateBank.com



CLOSE Account

Institution Information

Date			
Financial Institution's Name			
Address			
City	State	Zip	
Message to Institution To Whom it May Concern:			
Effective	, please close the fo	, please close the following account(s):	
Checking Account:			
Checking Account:			
Savings Account:			
Savings Account:			
Please close my certificate of deposit ac	count(s)		
/	(account numl	pers) upon maturity.	
If you have any questions about this rec	quest, please contact me durin	g the	
☐ day ☐ evening at			
Thank you,	(phone number)		
Customer Information			
Signature		Date	
Name (please print)			
Address			
City	State	Zip	
Cosigner Signature	Cosigner Name (please print)	Cosigner Name (please print)	