Getting Started

Making the switch to better banking today!

You can make the move to Alva State Bank & Trust Company in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Alva State Bank & Trust Company, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new Alva State Bank & Trust Company account(s).



Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Alva State Bank & Trust Company.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Alva State Bank & Trust Company.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Alva State Bank & Trust Company account. Use one form for each direct deposit.

| Notification of Di | rect Deposit A | uthorization C | hange | | ct Deposit Checklist: |
|-----------------------------|------------------------|------------------------|------------------------|---|--|
| Company or Employer: | | | | | nis list to remember all lirect deposits you need |
| Address: | | | | | nsfer. These are the most ion direct deposits. |
| City, State, Zip: | | | | _ | Payroll |
| Phone Number: | | | | | Investments |
| Employee ID: | | | | | Retirement Plans |
| (if applicable) | | | | | Social Security |
| Effective immediately, ple | ease deposit the net a | mount of my check t | o my Alva State Bank | | |
| & Trust Company account | . I authorize (name of | depositor) | | | |
| to automatically deposit f | unds into the account | below. This authoriz | ation shall remain in | | |
| place until I have submitt | ed a new authorizatio | n, or until this autho | rization is changed or | | |
| revoked by me in writing. | | | | | |
| Place an X next to your des | ired option. | | | | |
| Net amount t | to Alva State Bank & 1 | Trust Company | | | |
| Account # | | Routing # | 103101275 | | |
| Net amount t | to Alva State Bank & 1 | Trust Company | | | |
| Account # | | Routing # | 103101275 | | |
| | | | | | |
| Signature: | | I | Date: | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone Number: | | | | | |





Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

| Notification of Withdrawal Authorization Change | | | | | matic Withdrawal cklist: | |
|---|-------------------------------|-------------------------------|-----------|---|--|-------------------------------|
| Name of Company: | | | | _ | Use ti | his list to remember all your |
| Account Number: | | | | | autom | natic payments you need to |
| Payment Amount: | | | | | transfer. These are some of the most commonly used automatic payments. | |
| Address: | | | | | рауни | |
| City, State, Zip: | | | | | | Home Mortgage |
| | | | | _ | | Auto Loans |
| Phone Number: | | | | | | Utilities |
| Please cancel all automat | tic withdrawals from m | y old institution: | | | | Insurance |
| Financial Institution: | | | | | | Cable/Internet |
| | | | | - | | Gym/Club Memberships |
| Account # | | Bank Routing # | | | | Credit Cards |
| Please make all future au | Itomatic withdrawals fr | om my new institutio n | b. | | | Investments |
| Financial Institution: | Alva State Bank & Tru | ist Company | | | | Subscriptions |
| Account # | | Bank Routing # | 103101275 | | | Charity Donations |
| | | | | | | |

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

| Signature: | Date: |
|-------------------|-------|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Phone Number: | |





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Alva State Bank & Trust Company account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

| Notification of | Account Closure Authorization | | Congratulations! | | |
|--|--|-----|---|--|--|
| To Whom It May Conce Financial Institution: | | | You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't | | |
| Address: | | | wait to show you the difference a local partner makes. | | |
| City, State, Zip: | | | Welcome to Alva State Bank & Trust | | |
| Please close my accou | nt: | | Company! | | |
| Account Number: | Primary Owner: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Please send the remain Place an X next to your des Please depo | | ıy. | | | |
| Account # | Routing # 103101275 | | | | |
| Please forwa | ard me a check to my address listed below. | | | | |
| Primary Signature: | Date: | | | | |
| Joint Signature: | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone Number: | | | | | |



