## Switching is easy!

If you think it's going to be a hassle to switch from your current financial institution to Bank of Prairie du Sac, we have some great news! At Bank of Prairie du Sac, we make it easy for you to change your checking account.

#### Step 1 – Open Your Bank of Prairie du Sac Account

We offer a full range of checking account options to meet your financial needs.

#### Step 2 – Switch Your Automatic Transactions

You will need to notify the companies that handle your automatic deposits and withdrawals of your change. The attached forms will help with your notification and we'll be happy to help you with any of these forms.

Examples of Automatic Withdrawals Include:

- Mortgage
- Insurance (Life, Auto, or Homeowners)
- Utility Companies
- Telephone or Cell Phone Companies
- Cable or Satellite Companies

Examples of Automatic Deposits Include:

- Payroll
- Retirement or Pension
- Social Security
- Veterans Benefits

## Step 3 – Close Your Previous Account

Once all of your outstanding checks have cleared, and your direct deposits and withdrawals have been transferred to your new account, you can close your previous account.

To help you switch, we have included several forms to make your transition easier. You may use these forms to close your account(s) and change your direct deposit and automatic withdrawals. If you need help completing any of them, visit us or contact us at 608.643.3393.

## Contact Information

**Prairie du Sac Office** 555 Park Avenue Prairie du Sac, WI 53578

Sauk City Office 865 Phillips Boulevard Sauk City, WI 53583

**Mailing Address** P.O. Box 130 Prairie du Sac, WI 53578

608.643.3393 bank@bankpds.com www.bankpds.com

## Services Available

Get the financial expertise you need to help meet your goals. Contact us to learn more about our banking services.

- Checking Accounts
- Savings and CDs
- Health Savings Accounts
- Online Banking & Bill Pay
- eStatements
- Telephone Banking
- Mobile Banking
- Debit Cards
- Business Banking
- eBusiness
- Credit Cards
- Loans
- Commercial Lending and Financing
- Individual Retirement Accounts
- Investments
- Retirement Planning





# Time For A Change



Banking Done Right. Right Here. Since 1916.

### Authorization to Close Account

Previous Financial Institution

Address

City

State Zip

This form gives you the authorization to close the following account(s):

Checking Account Number

Savings Account Number

On the closing date, please send the remaining balance with a copy of this form to the address provided. Your prompt attention to this request is appreciated.

Please send the check to: Bank of Prairie du Sac P.O. Box 130, Prairie du Sac, WI 53578

Signature	Date
Name (please print)	
Joint Signature (if applicable)	Date
Joint Name (please print)	
Address	
City	State Zip

Telephone Number



Authorization to Switch Direct Deposit

Company Name

Address

City

State Zip

to accept this signed form to direct my payment/ credit to my Bank of Prairie du Sac account.

I authorize the above company to begin using my account listed below for my direct deposit.

Bank of Prairie du Sac: 608.643.3393 ACH Routing/Transit Number: 075909204

□ Checking □ Savings

Account Number

Please call the appropriate agencies to switch any direct deposits of government benefits to your new account:

Social Security Administration: 800.772.1213 Department of Veterans Affairs: 800.827.1000

SignatureDateName (please print)Joint Signature (if applicable)Date

Joint Name (please print)

Address

City

State Zip

Telephone Number



## Change Automatic Withdrawal

Company Name

Address

City State Zip You are currently withdrawing \$\_\_\_\_\_(amount) for my\_\_\_\_\_\_(what payment is for) \_\_\_\_\_\_(when) from the following account.

Previous Financial Institution

ACH Routing Number

Account Number

Please stop making withdrawals from that account and instead make them from:

#### Bank of Prairie du Sac: 608.643.3393 ACH Routing/Transit Number: 075909204

 $\Box$  Checking  $\Box$  Savings

Account Number

Signature	Date		
Name (please print)			
Joint Signature (if applicable)	Date		
Joint Name (please print)			
Address			
City	State	Zip	

Telephone Number

