

New Customer Kit

Switching to *The Iuka State Bank* has never been simpler!

Interested in switching your accounts to **THE IUKA STATE BANK**? Not sure how to get started? We've developed the **ISB** New Customer Kit, a step-by-step guide to help make your transition to a new **The Iuka State Bank** account as simple as possible. Just follow the steps to get started.

If we can be of any assistance throughout this transition, please call on our friendly Account Service Representatives in New Accounts at **618-548-9200**. Thank you for choosing to **Come Home to The Iuka State Bank, where you're one of the family!**

THE IUKA STATE BANK

NOW WITH 4 LOCATIONS

205 WEST MAIN
SALEM, IL 62881
618-548-9200

420 WEST MAIN
SALEM, IL 62881
618-548-9200

303 N MAIN
IUKA, IL 62849
618-323-6211

903 W WASHINGTON
FARINA, IL 62838
618-245-9200

ROUTING NUMBER (ABA): 081213780

Step 1: Open a *The Iuka State Bank* Checking account! Come see an Account Service Representative at one of our 4 convenient locations and determine what account(s) best fit you.

We know your time is valuable, complete the Customer Information Form before coming in to make the process as fast as possible.

Step 2: Sign up for *ISB* Online Banking and Mobile Banking! Track your direct deposits, checks, debit card transactions, and automatic payments with ease. Also take advantage of our FREE Online Bill Pay service. *

Step 3: Stop using your former checking account. Be sure to allow time for all outstanding debit card transactions and checks to clear. For your security, destroy any unused checks, deposit slips, and Debit/ATM card. If you like, we can do that for you.

Step 4: Move your Direct Deposit(s) to your new *ISB* Checking account. Make this step simple by using the Direct Deposit Request Form.

Step 5: Transfer any Automatic Payments and Debits to your new *ISB* Checking account. The Automatic Payment Request Form makes easy work out of this step. Remember recurring payments you make by ACH, Debit Card, and Automatic Transfer.

Step 6: Transfer any existing Online Bill Pay at your former bank to your new free *ISB* Online Bill Pay*. Use the Online Bill Payer Form to help make the switch simple and pain free.

Step 7: Close your former checking account. When you are sure that all outstanding items have cleared and your Direct Deposits and Automatic Payments have made the switch to your new *ISB* Checking account, it's time to close your former checking account. Take or mail the completed Account Closing Request Form to your former bank or call them to make arrangements to close the account and forward any remaining funds to you.

* There are no enrollment fees for ISB Online Bill Pay, however, some payments may create a paper transaction and may result in a fee per item depending on your account type.

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CUSTOMER INFORMATION FORM

Primary Account Holder Information

Full Legal Name:

Physical Address:

City:

State:

Zip:

Mailing Address: if different from above

BIRTHDATE:

City:

State:

Zip:

Home Phone:

Work Phone:

Mobile Phone:

Drivers License/ID #:

Issue Date:

Exp. Date:

Employer:

Position/Title:

E-mail Address:

SS#:

Secondary Account Holder Information

Full Legal Name:

Physical Address:

City:

State:

Zip:

Mailing Address: if different from above

BIRTHDATE:

City:

State:

Zip:

Home Phone:

Work Phone:

Mobile Phone:

Drivers License/ID #:

Issue Date:

Exp. Date:

Employer:

Position/Title:

E-mail Address:

SS#:

Accounts and Services

Please check the Accounts and Services you are currently using and/or may wish to use.

*Pending approval

- | | | |
|---|---|---|
| <input type="checkbox"/> Personal Checking Account | <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> FREE Online Bill Pay |
| <input type="checkbox"/> Interest Bearing Personal Checking | <input type="checkbox"/> Interest Bearing Business Checking | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Personal Savings Account | <input type="checkbox"/> Business Savings Account | <input type="checkbox"/> Consumer Loan/Line* |
| <input type="checkbox"/> Christmas Club Account | <input type="checkbox"/> Business Certificate of Deposit | <input type="checkbox"/> Business Loan/Line* |
| <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> Debit/ATM Card | <input type="checkbox"/> Mortgage Loan* |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Construction Loan* |
| <input type="checkbox"/> Personal Certificate of Deposit | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Other: _____ |

The New Account Kit Switching to *The Iuka State Bank* has never been simpler!

Direct Deposit Request Instructions

Direct Deposits

Use your previous bank statements and our handy checklist to identify the Direct Deposits you need to switch to your new **ISB Checking account**.

Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension/Retirement				
Social Security				
Supplement Security				
VA Compensation				
Interest Income				
Investment Income				
Dividends				
Other:				

Use the [Direct Deposit Request Form](#) to notify depositors of your new **ISB Checking account** information. **Before** you send out the form be sure to check with your employer or source of income to make sure no other forms are required.

Helpful Phone Numbers and Web Sites

Social Security Administration	800.772.1213	www.ssa.gov/deposit/howtosign.htm
Office of Personnel Management	888.767.6738	www.opm.gov
Railroad Retirement Board	800.808.0772	www.rrb.gov
Department of Veteran Affairs	877.838.2778 or 800.827.1000	www.va.gov

After you have sent the [Direct Deposit Request Form](#):

1. Confirm with your employer or source of income that forms were received and processed.
2. Maintain your former checking account until the switch is complete.
3. Monitor you new **ISB Checking account** through **ISB** Internet or Mobile Banking, or call Bookkeeping at 618-548-9200 to verify receipt of your Direct Deposit(s).

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Direct Deposit Request Form

Company Name:

Address:

City, State, Zip

RE: Switching My Direct Deposit to a New Account

I have recently changed financial institutions and would like to update my Direct Deposit information. Please discontinue my current direct deposit and begin making direct deposits into my new **ISB Checking account**.

If you have any questions regarding this matter, please contact me by mail or call me at the phone number provided below.

I am aware that some automatic deposits may require advance notice of changes and that depending on the timing of this request my next deposit may not be sent to my new bank account.

Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date

Direct Deposit Information

Name:		SSN or Employee No.	
Address:	City:	State & Zip:	
Home Phone:		Mobile Phone:	
Former Bank Name:		Routing Number:	
Former Account Number:		Amount of Deposit:	
NEW Bank Name: The Iuka State Bank		NEW Routing Number: 081213780	
NEW Account Number:		Amount of Deposit:	

The New Account Kit Switching to *The Iuka State Bank* has never been simpler!

Automatic Payment Request Instructions

Automatic Payments

Use your previous bank statements and our handy checklist to identify the Automatic Payments and Debits you need to switch to your new **ISB Checking account**.

Automatic Payment Checklist

Payment	Company	Account Number	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Electric				
Telephone				
Cable/TV				
Cell Phone				
Gas/Oil				
Water				
Internet Provider				
Credit Cards				
Daycare				
Tuition/School				
Trash Removal				
Other:				

Use the [Automatic Payment Request Form](#) to notify debiting companies of your new **ISB Checking account** information. **Before** you send out the form be sure to check with these companies to make sure no other forms are required. You may be able to make changes to account information online.

After you have sent the [Automatic Payment Request Forms](#):

1. Confirm with companies that forms were received and processed.
2. Maintain your former checking account until the switch is complete.
3. Monitor your new **ISB Checking account** through **ISB** Internet or Mobile Banking, or call our helpful staff at 618-548-9200 to verify debits have been posted.

The New Account Kit

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Automatic Payment Request Form

Company Name:

Address:

City, State, Zip

RE: Switching My Automatic Payments to a New Account

Attn: Accounts Receivable/Accounting

I have recently changed financial institutions and would like to update my automatic payment information. Please discontinue my current debit arrangement and begin making automatic withdrawals from my new **ISB Checking account**.

If you have any questions regarding this matter, please contact me by mail or call me at the phone number provided below.

I am aware that some automatic withdrawals may require advance notice of changes and that depending on the timing of this request my next automatic payment may not be withdrawn from my new bank account.

Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature

Date

Automatic Payment Information

Name:		Payee Name:	
Address:	City:	State & Zip:	
Home Phone:		Mobile Phone:	
Former Bank Name:		Routing Number:	
Former Account Number:		Amount of Debit:	
NEW Bank Name: The Iuka State Bank		NEW Routing Number: 081213780	
NEW Account Number:		Amount of Deposit:	

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Online Bill Pay Form

Instructions:

1. Be sure that you have successfully enrolled in free **ISB Online Bill Pay**.^{*} Go to www.iukabank.com and use your log-in information for internet banking and then you can enroll into the bill pay system. If you need assistance, please feel free to call our Online Banking Department at 618-548-9200.
2. Visit your former bank's website and use our simple Online Bill Pay Form to record all accounts that you have enrolled in Online Bill Pay with your former bank. List the company name, mailing address, phone number, and account number(s).
3. Add any additional accounts to the Online Bill Pay Form that you would like to setup for the first time. Be sure that you have all necessary information: company name, mailing address, phone number, and account number.
4. **AFTER** you have entered all the accounts from the Online Bill Pay Form into the free **ISB Online Bill Pay** system, review all account information for accuracy.

* There are no enrollment fees for ISB Online Bill Pay, however, some payments may create a paper transaction and may result in a fee per item depending on your account type.

Online Bill Pay Accounts

Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		
Company:	Phone:	Account Number:
Mailing Address:		

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Account Closing Request Instructions

Before sending the Account Closing Request Form:

1. Check with your former bank to make sure that no additional information or forms are required.
2. If multiple accounts are involved, please complete a form for each account.
3. Inquire about any possible penalties with respect to early withdrawal before you close the account. If the account you are closing is a Certificate of Deposit (CD) it is important to check the maturity date. You may want to delay the switch of a CD to avoid penalties.
4. Verify that all checks and automatic payments have cleared prior to submitting the Account Closing Request Form.
5. Be sure that all automatic transactions have made the switch to your new **ISB Checking Account** prior to submitting the Account Closing Request Form.

After you've sent the Account Closing Request Form:

1. Check account statements from your former bank to verify that accounts have a zero balance and have been closed.
2. Enjoy your new **ISB Checking Account** and all the great services that **The Iuka State Bank** has to offer.

Account Closing Request Form

Date:

Bank Name:

Address:

City, State, Zip

Primary Account Holder:

Name:

Address:

City, State, Zip

Secondary Account Holder:

Name:

Address:

City, State, Zip

RE: Account Number _____

Checking Savings Other

Attention: Account Services

Please accept this letter as my official authorization to close my account with your institution.

Please send a check in the amount of my account balance, if any, to my attention at the address you have on file. If you have any questions regarding this matter please call me at my daytime phone number: _____.

Thank you for your prompt assistance.

Sincerely,

Customer Signature