



## West Town Savings Bank

### Switch Kit

- **Step One: Open your new West Town Savings Bank account**
  - Simply fill out the **WTSB Checking/Savings Account Form**. This form is a quick & easy way to gather the information you will need to open your new account(s) with WTSB.
  - Bring your completed form to a WTSB location along with proper identification: Driver's License or Picture ID and Social Security Card.
  
- **Step Two: Transfer your direct deposits**
  - You will need to notify any company that sends direct deposits to your account.
  - First fill out the **Authorization to Change Automatic Payment** for any direct deposits you wish to be transferred to your new WTSB account.
  - Then, send the completed form to your employer's Human Resource department, or another company handling your retirement or pension payments.
  - If you receive a direct deposit from the Social Security Administration, go to their website, [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm), or call 1-800-772-1213 in order to access the proper forms.
  
- **Step Three: Transfer your automatic payments**
  - Use the **Authorization to Change Automatic Payment** form for each automatic payment you wish to be transferred to your new WTSB account.
  - You also have the option to cancel your Automatic Payments and use our FREE Online Banking with Bill Pay instead. It's the convenient, easy way to track all your payments and to make sure all your bills are paid on time.
  
- **Step Four: Close your old account**
  - The **Authorization to Close My Deposit Account** form should be completed for each account you wish to close and mailed to your previous financial institution.
  - Make sure that all checks have cleared and automatic payments and direct deposits have been switched to your new WTSB account.
  - Once they receive this form they will follow your instructions to close the appropriate account(s).
  - Destroy all old checks, deposits slips and ATM cards associated with the old account.

### Switch to West Town Savings Bank Today!

We are proud to be one of the most trusted and reliable financial institutions in the community, with more than 89 years of proven financial stability. West Town Savings Bank is more than just a community bank; we are your financial partner. **Bring your completed forms to any location today so we can customize an account plan that works best for you!**

Member  
**FDIC**





# West Town Savings Bank

## Switch Kit

### Step One: New West Town Savings Bank Checking/Savings Account Form

Please Check one:

Individual Account

Joint Account

#### **Primary Account Holder Information**

#### **Joint Account Holder Information**

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Mailing Address (if different)

Mailing Address (if different)

Email Address

Email Address

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Social Security Number

Social Security Number

Drivers License Number

Drivers License Number

State

Exp. Date

State

Exp. Date

Date of Birth

Date of Birth

Mother's Maiden Name

Mother's Maiden Name

Employer

Employer

Occupation

Occupation

Signature

Signature

Member  
**FDIC**





# West Town Savings Bank

## Step Two: Authorization to Change Direct Deposit

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

### RE: Switching My Direct Deposit

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new West Town Savings Bank Account. **I have enclosed a voided check for your reference.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

### Previous Financial Institution Information:

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

### New Financial Institution Information:

West Town Savings Bank  
4852 West 30th Street  
Cicero, IL 60804  
Routing Number: 271971599

Checking Account

Savings Account

Effective Date \_\_\_\_\_

Account Number \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name Secondary Authorized Signature \_\_\_\_\_

Signature \_\_\_\_\_

Secondary Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_





# West Town Savings Bank

## Step Three: Authorization to Change Automatic Payment

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

### RE: Switching My Automatic Payment

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new West Town Savings Bank Account. **I have enclosed a voided check for your reference.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Telephone Number

### Previous Financial Institution Information:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number

### New Financial Institution Information:

West Town Savings Bank  
4852 West 30th Street  
Cicero, IL 60804  
Routing Number: 271971599

Checking Account

Savings Account

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Account Number



\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name Secondary Authorized Signature



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secondary Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# West Town Savings Bank

## Step Four: Authorization to Close My Deposit Account

\_\_\_\_\_  
Previous Financial Institution Name

\_\_\_\_\_  
Previous Financial Institution Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**RE: Close My Account(s) Listed Below:**

I have recently changed banks and would like you to close the following account(s) listed below immediately:

\_\_\_\_\_  
Primary Account Holder's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Joint Account Holder's Name (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please send remaining funds to me at the address above or

Send the remaining funds to my new financial institution:

West Town Savings Bank  
4852 West 30th Street  
Cicero, IL 60804  
Routing Number: 271971599

Checking Account

Savings Account

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
For Deposit to this Account Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Joint Account Holder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Member  
**FDIC**

