# **Getting Started**

## Making the switch to better banking today!

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

1

### Open your new account.

Apply online in minutes or visit your local branch to open your new Denali State Bank account(s).

2

### Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Denali State Bank.

3

## 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 Denali State Bank.





# **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 Denali State Bank account. Use one form for each direct deposit.

| Notification of D            | irect Deposit A         | uthorization C         | hange                  |
|------------------------------|-------------------------|------------------------|------------------------|
| Company or Employer:         |                         |                        |                        |
| Address:                     |                         |                        |                        |
| City, State, Zip:            |                         |                        |                        |
| Phone Number:                |                         |                        |                        |
| Employee ID: (if applicable) |                         |                        |                        |
| Effective immediately, p     | lease deposit the net a | mount of my check to   | o my Denali State      |
| Bank account. I authoriz     | e (name of depositor)   |                        |                        |
| to automatically deposit     | funds into the account  | below. This authoriz   | ation shall remain in  |
| place until I have submi     | tted a new authorizatio | n, or until this autho | rization is changed or |
| revoked by me in writing     |                         |                        |                        |
| Place an X next to your de   | esired option.          |                        |                        |
| Net amount                   | to Denali State Bank (  | CHECKING               |                        |
| Account #                    |                         | Routing #              | 125200921              |
| Net amount                   | to Denali State Bank S  | SAVINGS                |                        |
| Account #                    |                         | Routing #              | 125200921              |
|                              |                         |                        |                        |
| Signature:                   |                         |                        | Date:                  |
| Name:                        |                         |                        |                        |
| Address:                     |                         |                        |                        |
| City, State, Zip:            |                         |                        |                        |
| Phone Number:                |                         |                        |                        |

#### **Direct Deposit Checklist:**

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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| <br>u, |      |  |

- Investment
- \_\_\_\_ Retirement Plans
- Social Security





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# **Automatic Withdrawal 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 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 |  |           |  |  |  |
|---|--|-----------|--|--|--|
| Name of Company:                                |  |           |  |  |  |
| Account Number:                                 |  |           |  |  |  |
| Payment Amount:                                 |  |           |  |  |  |
| Address:  |  |           |  |  |  |
| City, State, Zip:                               |  |           |  |  |  |
| Phone Number:                                   |  |           |  |  |  |
| Please cancel all automa                        | atic withdrawals from my old institution:  |           |  |  |  |
| Financial Institution:                          |  |           |  |  |  |
| Account #                                       | Bank Routing #   |           |  |  |  |
| Please make all future a                        | utomatic withdrawals from my new institution   | ):        |  |  |  |
| Financial Institution:                          | Denali State Bank  |           |  |  |  |
| Account #                                       | Bank Routing #   | 125200921 |  |  |  |
|   | nain in effect until I have submitted to you a new<br>me in writing that this authorization has been c |           |  |  |  |
| Signature:                                      |  | Date:     |  |  |  |
| Name:   |  |           |  |  |  |
| Address:  |  |           |  |  |  |
| City, State, Zip:                               |  |           |  |  |  |
| Phone Number:                                   |  |           |  |  |  |

# Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

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# **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Denali State Bank 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 |  |
|---|--|
| To Whom It May Conce                          | rn:  |
| Financial Institution:                        |  |
| Address:                                      |  |
| City, State, Zip:                             |  |
| Please close my accoun                        | nt:  |
| Account Number:                               | Primary Owner:                                       |
| Address:                                      |  |
| City, State, Zip:                             |  |
|   | sit directly to my new account at Denali State Bank. |
| Account #                                     | Routing # 125200921                                  |
| Please forwa                                  | ard me a check to my address listed below.           |
| Primary Signature:                            | Date:  |
| Joint Signature:                              |  |
| Name:   |  |
| Address:                                      |  |
| City, State, Zip:                             |  |
| Phone Number:                                 |  |

## **Congratulations!**

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Denali State Bank!



