



Switch Kit Checklist

This checklist will help identify the direct deposits and payments that could be moved over to your Napoleon State Bank account. It may be helpful to have your last three months statements on hand when completing the checklist. It may also be helpful to print a list of your current Internet Banking bill pay payees.

Direct Deposit Checklist						
Deposit Type	Company	Account Number	Address & Phone Number	Amount	Date	Completed
Employee Payroll						
Employee Payroll						
Social Security						
Pension						
Interest Income						
Other						
Other						

Automatic Payment Checklist								
Payment Type	Company		Address & Phone Number	Amount	Date	Auto Pay	Bill Pay	Debit Card
Mortgage/Rent								
Auto Loan								
Personal Loan								
Auto Insurance								
Home Insurance								
Gas/Electric								
Water								
Cable/Satellite								
Internet								
Telephone								
Cell Phone								
Trash Pickup								
Credit Card								
Credit Card								
Credit Card								
Charities								
Investments								
Memberships								
Other:								
Other:								





Direct Deposit Authorization Form

Complete this form for all direct deposits (payroll, retirement, interest income, etc.) you need switched to your Napoleon State Bank account.

Company Information			
Employer/Company Name:			
Company Address:			
City:	State:	Zip Code:	
Customer Information			
Name:			
Address:			
City:	State:	Zip Code:	
Employee ID Number:	Phone Number:		
Bank Information			
Bank Name: The Napoleon State Bank			
Routing Number: 074908510			
Account Number:	Account Type: Checking	ng 🗌	Savings
Address: 8912 N US 421 P.O. Box 9			
City: Napoleon	State: IN		Zip Code: 47034
I have attached a voided check with this author	rization, if applicable.		
I authorize the above listed company to automa account. I authorize The Napoleon State Bank current direct deposits and begin making direct	to credit the funds to my ac	count. Pleas	se discontinue my
Please call me at the phone number listed above	ve with any questions conc	erning this re	quest.
Thank you,			
Signature:	Date	e:	
仓			FDIC





Automatic Payment Authorization Form

Complete this form when changing automatic payments or withdrawals from your old account to your Napoleon State Bank account.

Automatic Payment Informati	on	
Company Name:		
Company Address:		
City:	State:	Zip Code:
Company Account Number:		
Payment Amount:	Payment Date:	
Customer Information		
Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Bank Information		
Bank Name: The Napoleon State Ba	ank	
Routing Number: 074908510		
Account Number:	Account Type: Checking	g Savings
Address: 8912 N US 421 P.O. Box 9	9	
City: Napoleon	State: IN	Zip Code: 47034
I have attached a voided check wit	h this authorization, if applicable.	
account. I authorize The Napoleor my current automatic payments ar	ny to automatically initiate payments for a state Bank to debit the funds from mand begin making automatic payments for a sutomatic payments for a sutomatic payments require advanced	y account. Please discontinue rom the account listed above
Please call me at the phone number	er listed above with any questions con	cerning this request.
Thank you,		
Signature:	Da	te:





Account Closing Request Form

Complete this form when closing your old account with another financial institution.

Former Bank Information					
Bank Name:					
Address:					
City:	State:	Zip Code:			
Customer Information					
Name:					
Address:	1				
City:	State:	Zip Code:			
Phone Number:					
Account Information-Please close the fo	ollowing account(s)			
Account Number:	Account Type:	Checking Savings Other			
Account Number:	Account Type:	Checking Savings Other			
Account Number:	Account Type:	Checking Savings Other			
Please accept this letter as my official authoriz institution. Send a check with the final account balance to		·			
Feel free to call me at the phone number listed above with any questions concerning this request.					
Thank you, Signature:		Date:			
GOAL HOUSER		FDIC			