

Switch Your Account(s) To Fayette Savings Bank, ssb.

Just print the forms below and follow these steps. . . .

Step 1: Complete our **New Account Information Form**, so we'll have what we need to open your account(s).

Then, stop by one of our banking centers (see addresses on bottom of this page) to present identification, sign the Signature Card, make your deposit so we can open your account and select your check style and/or sign for your debit card. We can also answer any questions on the following steps.

Step 2: Send a **Direct Deposit Request Form** to your employer and other sources, so your funds can be automatically deposited to your account. If you already have Direct Deposits going elsewhere, you can also use this form to switch them to your new account with us.

Step 3: Complete an **Automatic Payment Cancellation Letter** and send it to each of your creditors to switch any automatic payments so they'll come out of your new account with us.

Step 4: Use our **Account Closing Letter** to notify your other bank to close your account and give directions for the disbursement of any remaining funds. Make sure that all of your checks have cleared BEFORE you close your old account.

LA GRANGE Office

111 E Travis PO Box M
La Grange, TX 78945
979-968-9511 / 979-968-9341 fax

800-400-8917

MONDAY – THURSDAY

7:30 am – 4:30 pm

FRIDAYS

Lobby: 7:30 am – 5:30 pm

Drive-Thru: 7:30 am – 6:00 pm

FLATONIA Office

204 N La Grange PO Box 216
Flatonia, TX 78941
361-865-2875 / 361-865-2682 fax

LOBBY HOURS:

Monday - Thursday

8:00 am – 11:00 am & 12:00 pm – 4:00 pm

Fridays open until 5:00 pm

DRIVE-THRU HOURS:

Monday – Thursday 8:00 am – 4:00 am

Fridays open until 5:00 pm

SCHULENBURG Office

87 N Kessler Ave PO Box 12
Schulenburg, TX 78956
979-743-6541 / 979-743-4745 fax

MONDAY – THURSDAY

Lobby & Drive-Thru 8:00 am – 4:00 pm

FRIDAYS

Lobby: 8:00 am – 5:00 pm

Drive-Thru: 8:00 am – 6:00 pm

Fayette Savings Bank, ssb

New Account Information

The purpose of this questionnaire is to begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at an FSB banking office before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s) or other form of a valid U.S. issued picture ID so we can have it on file to accurately identify you in the future.

INDIVIDUAL ACCOUNT

(Fill in this column for an Individual account)

Name

Physical Address

City, State, Zip

Mailing Address (if different)

Home Phone

Cell Phone

Email Address

Social Security Number

Driver's License Number & Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Work Phone Number

JOINT ACCOUNT

(Fill in this column for a Joint Owner)

Name

Physical Address (if different)

City, State, Zip (if different)

Mailing Address (if different)

Home Phone

Cell Phone

Email Address

Social Security Number

Driver's License Number & Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Work Phone Number

I would like to open:

Personal Checking Business Checking Money Market Savings CD IRA

I / we would like an ATM / Debit Card. # of cards: _____

I / we would like free online access to account(s).

Member FDIC

Payroll Deposit Authorization Form

Use this form to request the direct deposit of your payroll check to your Fayette Savings Bank Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Fayette Savings Bank, and I authorize and request Fayette Savings Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name _____

Address _____

City, State, Zip _____

Telephone _____

Social Security Number _____

(NOTE: For Social Security Direct Deposit assistance, please call the Social Security Administration Direct Deposit Department at 1-800-772-1213 or sign up online at www.ssa.gov/deposit.)

Please send an automatic direct deposit to:

The Fayette Savings Bank Checking Account Number: _____

The Fayette Savings Bank Routing & Transit Number: 313173792

Please discontinue sending my automatic direct deposit to:

Previous Financial Institution: _____

Account #: _____

Please begin sending the same deposit to Fayette Savings Bank, ssb.

Deposit \$ _____ OR entire amount to Checking Account #: _____

Deposit \$ _____ OR entire amount to Savings Account #: _____

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Fayette Savings Bank, ssb. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Fayette Savings Bank, ssb shall be effective only with respect to entries credited to my account by Fayette Savings Bank, ssb after receipt of such notification and a reasonable time to act on it.

Primary Account Owner

Signature

Date

Member FDIC

Automatic Payment Request

Use this form to request a transfer of an automatic payment to your Fayette Savings Bank, ssb (FSB) Account, or to establish a new automatic payment from your FSB Account. Complete this form for each automatic payment, and attach a voided check from your new FSB Account. Please allow sufficient time for your first automatic payments to be activated against your new FSB Account.

To (Company Name): _____

Please be advised that I have recently changed banks and will need to have my automatic withdrawal switched from my old account to my new account with FSB. The automatic withdrawal is being applied to the following account, which I have with your organization:

Account Number with Company: _____

Debit Amount: _____

I currently have my automatic debit coming out of the following account:

Previous Financial Institution: _____

Account #: _____

ABA Routing #: _____

Effective immediately, I would like this automatic debit redirected to my new account with FSB as follows:

Account#: _____

ABA Routing #: 313173792

If you have any questions, please call me at the number listed below.

Primary Account Owner: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Account Owner Signature: _____ Date: _____

Account Closing Request

Use this form to request that your account(s) be closed at your former bank and any remaining funds sent to you. Prior to closing your accounts, ask your former bank if there are any fees associated with closing your account. Also, remember to keep enough funds in your account until your last check and/or Automatic Electronic Debit has cleared. You can also visit your former bank to close out your accounts.

To: _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

Account Type	Account #	Account Owner Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If closing out a passbook account, please include passbook with this letter.

Pay to the order of: Fayette Savings Bank, ssb
Together with all interest or dividends that may have become due on above listed accounts.

Forward funds to: Fayette Savings Bank, ssb
FBO: _____
CUSTOMER NAME
P.O. Box M
La Grange, TX 78945
979-968-9511

Please process this request immediately. If you have any questions regarding this request, please contact me at the phone number or address listed below.

Primary Account Holder: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____