

## Customer Profile

With our Customer Profile, moving your checking account to State Bank of Alcester has never been easier. We've made switching your account(s) simple in three easy steps. We'll assist you with all of the necessary paperwork, help you move your direct deposits and automatic payments to State Bank of Alcester and close your previous accounts.

Easy Step 1	Easy Step 2	Easy Step 3
<b>Complete Account Information Section</b> .	<b>Complete Direct Deposit and Automatic Payment Section</b>	<b>Submit Customer Profile to State Bank of Alcester</b> You drop this profile off at the bank. You can also fax or mail the profile to: State Bank of Alcester PO Box 168 Alcester, SD 57001 Fax: 605-934-2515

### ACCOUNT INFORMATION

Type\* of Account Requested: \_\_\_\_\_  
 \* Select from the following checking accounts: Free Checking or Interest Checking, or select from the following savings accounts: Insured Money Market, Best Deal Savings or Regular Savings

Individual Account _____ Name _____ Birthdate (DOB) _____	Joint Account _____ SSN _____ Driver's License # _____
Joint Owner _____ SSN _____      DOB _____	Relationship _____ Driver's License # _____
Additional Names _____ SSN _____      DOB _____	Relationship _____ Driver's License # _____
Address _____ State _____    Zip _____    Email Address _____ Home Phone # _____ Your Employer _____	City _____ Employer Phone # _____

### DIRECT DEPOSIT INFORMATION

To make your switch to State Bank of Alcester hassle-free, we'd like to help you change any direct deposit(s) you may have. Please indicate below the direct deposit(s) you would like deposited into your State Bank of Alcester account. We'll provide you with the additional paperwork involved for your signature to transfer or initiate these deposits.

#### Direct Deposit #1

Type of Direct Deposit:	Payroll _____	Social Security _____
	Pension _____	Other _____
Employer's Name (if direct deposit of payroll) _____		
Employer's Address _____		

**Direct Deposit #2**

Type of Direct Deposit: Payroll \_\_\_\_\_ Social Security \_\_\_\_\_  
Pension \_\_\_\_\_ Other \_\_\_\_\_

Organization's Name (if direct deposit other than payroll) \_\_\_\_\_  
Organization's Address \_\_\_\_\_

**Direct Deposit #3**

Type of Direct Deposit: Payroll \_\_\_\_\_ Social Security \_\_\_\_\_  
Pension \_\_\_\_\_ Other \_\_\_\_\_

Organization's Name (if direct deposit other than payroll) \_\_\_\_\_  
Organization's Address \_\_\_\_\_

**AUTOMATIC PAYMENT INFORMATION**

If you have recurring monthly electronic payments from your existing checking account, please indicate below. We will provide you with the additional paperwork involved for your signature to transfer or initiate the automatic payments.

1. Company Name \_\_\_\_\_ Account # \_\_\_\_\_  
Amount \_\_\_\_\_ Address \_\_\_\_\_

2. Company Name \_\_\_\_\_ Account # \_\_\_\_\_  
Amount \_\_\_\_\_ Address \_\_\_\_\_

3. Company Name \_\_\_\_\_ Account # \_\_\_\_\_  
Amount \_\_\_\_\_ Address \_\_\_\_\_

**PREVIOUS BANK ACCOUNT INFORMATION**

Please indicate account(s) you would like us to close at your previous financial institution. We will provide you with the additional paperwork involved for your signature to close these accounts and transfer the balances to your new State Bank of Alcester account(s).

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

Previous Financial Institution's Address \_\_\_\_\_

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

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

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

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

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