

We've made moving your accounts to ISSB quick and easy using our convenient forms. Just follow the steps below. We're here to assist you every step of the way.

STEP 1

OPEN YOUR NEW ISSB ACCOUNT

Speak with a Customer Service Representative at a branch in Creston, Corning, Diagonal or Lenox to find the perfect account for you. Once the account is opened, discover how we personally deliver our products and services with care and expertise.

STEP 2

CLOSE DOWN YOUR OLD ACCOUNTS

Immediately begin using your new account. Make sure your old account is active long enough to allow outstanding checks and automatic withdrawals to clear through your old account. Then, complete the Close Account Form and we'll be happy to take care of the rest. Make sure to destroy your old checks, ATM/Debit Card and deposit slips.

STEP 3

SWITCH YOUR AUTOMATIC TRANSACTIONS

The forms in this packet will help you contact the companies and financial institutions that handle your automatic deposits and automatic withdrawals. We'll be happy to help you with any of these forms.

Use this checklist to keep track of people you may need to contact:

DIRECT DEPOSIT

- Your employer's Human Resource department
- The company handling your retirement and pension payments
- Social Security Administration

AUTOMATIC WITHDRAWALS FROM YOUR ACCOUNT

- Mortgage Company
- Homeowner's insurance
- Auto insurance
- Life insurance

AUTOMATIC CHARGES TO YOUR OLD DEBIT OR CREDIT CARDS

- Utility companies
- Telephone companies
- Cable company
- Other

STEP 4

YOU'RE DONE!

Welcome to ISSB. We hope you will take advantage of all the great products and services we offer. Don't hesitate to let us know if we can help in any way.

NEW ACCOUNT INFORMATION



_____ Date

PRIMARY APPLICANT

Name

Home Address

City

State

Zip

Home Phone

Mobile Phone

Work Phone

Email Address

Social Security

Date of Birth

Employer Name

Employer Address

City

State

Zip

Occupation/Job Title

Driver's License Number

State

Issue Date

Expiration Date

Will there be additional account owners? Yes No

Mother's Maiden Name

City of Birth



CLOSE ACCOUNT



Date

Financial Institution's Name

Address

City

State

Zip

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.

Sincerely,

Signature

Name (Please Print)

Address

City

State

Zip



CHANGE DIRECT DEPOSIT



Date _____

Financial Institution's Name _____

Address _____

City _____

State _____

Zip _____

To whom it may concern:

You are currently depositing my PAYCHECK SOCIAL SECURITY OTHER (Check One) to the following account:

Financial Institution Name _____

Routing Number _____

Account Number _____

Please stop making deposits to that account and instead make them to:

Iowa State Savings Bank

Financial Institution Name _____

073901495

Routing Number _____

Account Number _____

If you have any questions about this request, please contact me at:

Phone Number _____

Best Time to Call _____

Thank you.

Sincerely,

Signature _____

Name (Please Print) _____

Address _____

City, State, Zip _____

Other Information Your Employer/Depositor May Need (Social Security Number, Employee ID Number, etc.) _____



CHANGE AUTOMATIC WITHDRAWAL



_____ Date

Name of Company that Makes Automatic Withdrawals

Address

City

State

Zip

To whom it may concern:

You are currently withdrawing \$ _____ **(Amount) for my** _____

_____ **(What Payment is For), from** _____ **(Account Number)**

on _____ **(When) from the following account:**

Financial Institution Name

Routing Number

Account Number Checking Savings

Please stop making withdrawals from that account and instead make them from:

Iowa State Savings Bank

Financial Institution Name

073901495

Routing Number

Account Number Checking Savings

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.

Sincerely,

Signature

Name (Please Print)

Address

City, State, Zip



AUTOMATIC DEPOSIT & WITHDRAWAL CHECKLIST

NAME OF COMPANY

ACCOUNT NUMBER

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

