

## Make the switch to better banking today!

You can make the move to the Old Missouri Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to OMB, 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 OMB 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 OMB.

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 OMB.





# **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 Old Missouri Bank account. Use one form for each direct deposit.

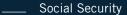
Notification of D	irect Deposit Au	uthorization C	hange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, pl	ease deposit the net ar	mount of my check t	o my OMB account. I
authorize (name of depos	sitor)		
to automatically deposit	funds into the account	below. This authorize	zation shall remain in
place until I have submit	ted a new authorization	n, or until this autho	rization is changed or
revoked by me in writing.			
Place an X next to your de	sired option.		
Net amount	to OMB CHECKING		
Account #		Routing #	086518891
Net amount	to OMB SAVINGS		
Account #		Routing #	086518891
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.

Investments

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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 <b>change</b> my autor	matic withdrawal from the following account:
Account #	Bank Routing #
Please make all <b>future</b> a	automatic withdrawals from the following account:
Financial Institution:	Old Missouri Bank
Account #	Bank Routing # <b>086518891</b>
Thank you very much	l.
	nain in effect until I have submitted to you a new authorization, or until me in writing that this authorization has been changed or revoked.
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.

Home	Mortgage

 Auto∃	0000
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Insu	rance	

\_\_\_\_ Cable/Internet

\_\_\_\_ Gym/Club Memberships

\_\_\_\_ Credit Cards

\_\_\_\_ Investments

\_\_\_\_ Subscriptions

\_ Charity Donations





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# **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new OMB 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 A	Account Closure	e Authorization	n
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:			
	_		
Account #		Routing #	086518891
Please forwa	ard me a check to my a	ddress listed below.	
Primary Signature:		1	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 Old Missouri Bank!



