

Welcome to



In five easy steps

- **Open the First State Bank Checking Account that is right for you** Discuss your account options with any one of our experienced banking professionals. This will help you select the account that best fits your needs.
- **Stop Using Your Old Account** Stop direct deposits from going to your old accounts and start sending them to your new accounts with the **Form #1**. You can print additional forms if you have more than one company making deposits. You should receive your new personalized checks approximately two weeks after opening your account. At this time you should balance your old checkbook and stop using your old account.
- **Call the Appropriate Government Agencies** Call the agency to stop any direct deposits of government benefits to your old accounts and to start such direct deposits to your new accounts.
 - a. Social Security Administration – (800)772-1213
 - b. Department of Veteran Affairs – (800)827-1000
 - c. Office of Personnel Administration – (888)767-6738
- **Revoke Authority to Initiate Payments** Revoke authority for preauthorized payments from your old accounts and authorize initiation of payments from your new accounts. Complete **Form #2** for each third party currently authorized to initiate payments.
- **Close Old Accounts** Once your direct deposits are being received by your new First State Bank accounts and all transactions on your old accounts have cleared, use **Form #3** to close your old accounts.

**If you have any questions at any time, please call our
New Accounts Department at 940-668-4330 or Denton (Metro) 940-349-5444.**

First State Bank Locations:

Gainesville

Main Branch: 801 E. California St.
North Texas Branch: 808 E. Highway 82

Corinth

1400 N. Corinth St, Suite 101

Denton

400 W. Oak St.

Lake Kiowa

FM 902 @ Lake Kiowa

Valley View

101 S. Frontage Rd.

Saint Jo

108 E. Howell St.

Muenster

519 E. Division St.

Form #1
Revocation of Prior Authorization and
Authorization for Automatic Direct Deposit**Company Information**

Company Name

Company Address

City

State

Zip

I/we revoke all prior authorizations of the Company listed above to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our First State Bank account identified below for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

Bank Name: **First State Bank** Routing #: **111901467**

Bank Address: **P O Box 10, Gainesville, TX 76241**

Bank Account Number: _____ Checking Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and First State Bank a reasonable opportunity to act on it.

Signature(s)

Printed Name(s)

Date

Submit the original to the Company and a copy to the institution that had your old accounts. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

Form #2
Revocation of Prior Authorization and
Authorization for Preauthorized Payments

Company Name & Address

Address

City

State

Zip

I/we revoke all prior authorizations of the company listed above to initiate preauthorized payments from or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate debit entries to my/our First State Bank account identified below for the purpose of completing the following preauthorized payments:

Amount: \$ _____ May vary May not exceed \$ _____

Frequency: Weekly Monthly _____

Termination Date (Optional): _____

Bank Name: **First State Bank** Routing #: **111901467**

Bank Address: **P O Box 10, Gainesville, TX 76241**

Bank Account Number: _____ Checking Savings

I (we) hereby authorize the Company to initiate variable debit entries from my account indicated above at First State Bank, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and First State Bank a reasonable opportunity to act on it.

Signature(s)

Printed Name(s)

Date

Submit the original to the Company and a copy to the financial institution that had your old accounts. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

Form #3
Account Closing Form
Customer Information:

 Name as styled on account at existing Financial Institution

 Address City State Zip
Please Transfer My Account From:

 Name of Financial Institution

 Financial Institution Address City State Zip

Account Number(s)

 Checking Savings CD's

 Checking Savings CD's

 Checking Savings CD's

 Checking Savings CD's

Note: If you are closing a Certificate of Deposit Account and the certificate is required to close the account, please include your certificate with this form.

Transfer Information:

- Please transfer the entire amount and close my account.
- Please make this transfer immediately.
- Please make this transfer on (date) _____.

Please Transfer My Funds To:

First State Bank - Attn: New Accounts Dept
P O Box 10
Gainesville TX 76241

I (we) hereby direct you to mail a check payable to me for the balance of my account to **“Credit to the First State Bank Account # _____”** at the address listed above. I (we) authorize First State Bank to obtain information about my account at your financial institution in order to process this transaction.

 Signature(s)

 Printed Name(s)

 Date

Submit the original to the institution that had your old accounts and retain a copy for your files.