PERSONAL BANKING
SWITCH KIT

At Wisconsin Bank & Trust, we are committed to making your switch an easy one. Stop into any one of our offices and we'll help you make all of the changes. Or use this form to make one or all of the changes on your own.

QUICK SWITCH CHECKLIST

- ❑ Open checking account with Wisconsin Bank & Trust.
- ❑ Make sure all checks have cleared on your checking account.
- ❑ Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn.
- ❑ Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties.
- ❑ Send your direct deposit vendors (payroll, social security, CD interest payments, etc.) a notice of the change in your checking account.
- ❑ Send notice to vendors who automatically take your payments from your checking account (utilities, insurance, internet providers, schools, etc.) that you are closing the account.
- ❑ Send new account information to vendors who you want to continue to generate automatic withdrawals; or to start a new automatic payment with a vendor.
- ❑ Send notice to the financial institution where you are closing account.

COMPANY ACCOUNT

Gas _____

Electric _____

Telephone _____

Cell Phone _____

Cable/Satellite _____

Internet _____

Water _____

Sewer _____

Refuse _____

Newspaper _____

Insurance _____

Mortgage _____

Car Loan _____

Other _____

Other _____

FORMS INCLUDED

☐ ACCOUNT CLOSURE NOTICE
Use this form to notify your old financial institution that you are closing your account and would like to receive a check for any remaining balance.

☐ AUTOMATIC PAYMENT AUTHORIZATION CHANGE
Use this form to transfer your automatic payments from your old account to your new Wisconsin Bank & Trust account.

☐ AUTOMATIC PAYMENT CANCELLATION
Use this form to send to each of your vendors to cancel any automatic payments from your old account. You may use this form if you want to use online Bill Pay to pay your bills instead of using automatic payments.

☐ DIRECT DEPOSIT CHANGE NOTICE
Use this form to change your direct deposit from your old account(s) to your new Wisconsin Bank & Trust account(s).

☐ DIRECT DEPOSIT APPLICATION
Use this form to sign up for first-time direct deposit of your payroll into your Wisconsin Bank & Trust checking account.

☐ AUTOMATIC TRANSFER AUTHORIZATION APPLICATION
Use this form to se up automatic transfer of funds between your Wisconsin Bank & Trust accounts.

Member FDIC

CHECKING ACCOUNT CLOSURE NOTICE

NAME

SOCIAL SECURITY #

JOINT OWNER (if applicable)

PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION

STREET

CITY STATE ZIP

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

❑ CHECKING ❑ SAVINGS ❑ OTHER _____

ACCOUNT # _____

PLEASE MAIL BALANCE TO:

WISCONSIN
BANK & TRUST

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

I hereby authorize the closure of the account(s) listed above. All my checks have cleared the account to be closed, and all direct deposit and automatic payments have been stopped.

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

AUTOMATIC PAYMENT AUTHORIZATION CHANGE

VENDOR NAME

CUSTOMER NAME

STREET

CITY STATE ZIP

ACCOUNT #

PHONE #

Please be informed I have switched financial institutions and hereby authorize you to change my automatic withdrawal to be taken from the account number listed below:

NEW FINANCIAL INSTITUTION

WISCONSIN
BANK & TRUST

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

SIGNATURE DATE

TRANSIT/ABA#075907594

Please include a voided check or deposit slip with this form when sending to vendor.

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

Member FDIC

AUTOMATIC PAYMENT CANCELLATION

VENDOR NAME

CUSTOMER NAME

STREET

CITY STATE ZIP

ACCOUNT #

PHONE #

I currently have my payment automatically withdrawn from my checking or savings account from _____ (financial institution) on the _____ of the month. I would like to cancel this monthly transaction and submit this as written notification of that intention.

I understand I may need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____.

Thank you for your prompt attention to this request.

Sincerely,

SIGNATURE DATE

JOINT SIGNATURE (if applicable) DATE

WISCONSIN BANK & TRUST

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

DIRECT DEPOSIT CHANGE NOTICE

NAME DATE

SOCIAL SECURITY #

NAME OF EMPLOYER, COMPANY OR AGENT

STREET

CITY STATE ZIP

ACCOUNT #

PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION

STREET

CITY STATE ZIP

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

NEW FINANCIAL INSTITUTION

NAME OF INSTITUTION

CHECKING ACCOUNT #

TRANSIT/ABA#075907594

I hereby authorize my direct deposit to be sent to my new checking account. I have attached a voided check for reference.

Effective: _____/_____/_____

SIGNATURE DATE

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

Member FDIC

DIRECT DEPOSIT APPLICATION

NAME DATE

SOCIAL SECURITY #

STREET

CITY STATE ZIP

COMPANY NAME

CITY STATE ZIP

DEPOSIT INSTRUCTIONS

- ❑ Deposit entire amount into Checking Account #_____
- ❑ Deposit $_____ to Savings Account #_____

  and remaining amount into Checking Account #_____

WISCONSIN
BANK & TRUST

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

SIGNATURE DATE

TRANSIT/ABA#075907594

AUTOMATIC TRANSFER AUTHORIZATION APPLICATION

I (We) authorize and direct you to make the following transfer of funds:

Amount to be transferred: $_____

Frequency: ❑ Weekly ❑ Biweekly ❑ Monthly ❑ Bimonthly

❑ Semimonthly ❑ Quarterly ❑ Semiannually ❑ Annually

Effective Date: _____

Termination Date: _____

FROM:

❑ CHECKING ❑ SAVINGS ❑ OTHER_____

ACCOUNT #_____

ACCOUNT NAME_____

TO:

❑ CHECKING ❑ SAVINGS ❑ MONEY MARKET ❑ CD

❑ INSTALLMENT LOAN PAYMENT ❑ OTHER_____

ACCOUNT #_____

ACCOUNT NAME_____

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to one of us is notice to all of us.

SIGNATURE	DATE
SIGNATURE	DATE
NAME	
STREET	
CITY	STATE ZIP

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

_____
ACCEPTED BY BANK

Member FDIC

Tri-State Easy Pay Authorization

CUSTOMER NAME

SERVICE ADDRESS

CITY STATE ZIP

DAYTIME PHONE

MAILING ADDRESS (if different than above)

FINANCIAL INSTITUTION INFORMAITON

WISCONSIN BANK & TRUST

8240 Mineral Point Rd
Madison, WI 53719
608.203.1200

TRANSIT/ABA#075907594

CHECKING ACCOUNT NUMBER

PLEASE ENCLOSE A VOIDED CHECK

COMPANY INFORMATION

CITY OF MADISON MINICIPAL UTILITIES

608.266.4651 Account #_____

MADISON GAS AND ELECTRIC

608.252.7222 Account #_____

WISCONSIN STATE JOURNAL

800.362.8333 Account #_____

QWEST

800.475.7526 Account #_____

I authorize the company(ies) indicated above to debit entries to make bill payments from the account listed above. I understand that if at any time I decide to discontinue this payment service, I will notify the affected company.

SIGNATURE DATE

PLEASE ALLOW 4-6 WEEKS

Please do not sent payment.
forward this authorization for to the Electronic Banking Department
Use this form only for the companies listed above.