



Continuous Banking Since 1872

SwitchKit

2. Switch.

3. Enjoy.

1. Prepare.



Information Needed for Account Opening



Primary Account Owner Information

Name (First, MI, Last) _____ Home Phone _____
Social Security # _____ Date of Birth _____ Cell/Work Phone _____
Home Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(if different than home address)
Email Address _____ Employer Name _____
Driver's License Number _____ State _____ Exp Date _____

Additional Account Owner Information

Name (First, MI, Last) _____ Home Phone _____
Social Security # _____ Date of Birth _____ Cell/Work Phone _____
Email Address _____ Employer Name _____
Driver's License Number _____ Exp Date _____

If address is different than above, complete following information

Home Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(if different than home address)

To list additional Account Owners, please list information on back of sheet.



Automatic Payment & Deposit Checklist
 Let us help you make the change to SMB&T

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How do you currently pay?
(check one)

Check here to change your payment method

Payment Types	Company	How do you currently pay?			Check here to change your payment method
		Bill Payment	One-time or Automatic	Check / Other	
<input type="checkbox"/> Mortgage / Rent	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home Equity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loans (car, truck)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loans (recreational)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Credit Card	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insurance (home, car)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Internet Service	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gas / Electric	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telephone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cell Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cable / Satellite TV	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trash Pickup	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brokerage	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life Insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Account Transfers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you receive your deposit?
(check one)

Check here to switch to Direct Deposit

Deposit Types	Company	How do you receive your deposit?		
		Bill Payment	Check	Direct Deposit
<input type="checkbox"/> Payroll	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payroll	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Plan	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Investments	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life Insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bill Payment Tracking

Keeping track of your monthly bills gives you the information needed to start paying bills with SMB&T's Bill Pay

Company Name _____ Account Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date Due _____ Payment Amount _____
Rekurs: Monthly Other If 'Other,' how often: _____

Company Name _____ Account Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date Due _____ Payment Amount _____
Rekurs: Monthly Other If 'Other,' how often: _____

Company Name _____ Account Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date Due _____ Payment Amount _____
Rekurs: Monthly Other If 'Other,' how often: _____

Company Name _____ Account Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date Due _____ Payment Amount _____
Rekurs: Monthly Other If 'Other,' how often: _____

Company Name _____ Account Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date Due _____ Payment Amount _____
Rekurs: Monthly Other If 'Other,' how often: _____

Automatic Payment Request



Please accept this letter as notification that I have established a new checking and/or savings account at Southern Michigan Bank & Trust. I would like the following payment to be automatically debited from my SMB&T account listed below.

- Establish Automatic Payment
- Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____

Account Number: _____

Payment Amount: Amount Due
(check one) Fixed Payment in the amount of \$ _____

Personal Information:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Bank Account Information:

Southern Michigan Bank & Trust
PO Box 309
Coldwater, MI 49036

Southern Michigan
Bank & Trust Account Number: _____ Checking Savings

Bank Routing / Transit Number: **072402283**

Thank you in advance for your cooperation.

Client Signature

Date

Direct Deposit Request



To: _____
Employer/Company Name

From: _____

Subject: DIRECT DEPOSIT

Please accept this letter as notification that I have established a new checking and/or savings account at Southern Michigan Bank & Trust. At this time, I would like to request that my paycheck (or other recurring payment) be automatically deposited to my Southern Michigan Bank & Trust account according to the instructions below.

- Establish Direct Deposit
- Change my existing Direct Deposit

I am requesting Direct Deposit to:

Southern Michigan
Bank & Trust Account Number: _____ Checking Savings

Bank Routing / Transit Number: **072402283**

Effective Date: _____

Thank you in advance for your cooperation.

Client Signature

Date

Account Closing Notification



To: Bank Name _____
Address _____
City, State, Zip _____

From: Client Name _____
Address _____
City, State, Zip _____
Daytime Phone _____

Subject: **NOTICE TO CLOSE ACCOUNT**

Please accept this letter as authorization to close my account(s), as listed below, with your institution.

Account Number	Type of Account			
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Other
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Other

Please forward check for the balance to:

Thank you in advance for your cooperation.

Signature (Primary Account Owner) *Date*

Signature *Date*

BANK SIGNATURE