

Switch your accounts with ease.

If you think that it's going to be a hassle to switch from your current financial institution to us, we have some great news! At Solutions Bank, we make it easy for you to change because we do all the work for you! Simply fill out these applications and return the signed forms to Solutions Bank.

Step 1 - Open your NEW Solutions Bank account.

We offer a full range of account options to meet your financial needs.

Step 2 - Switch over your automatic transactions.

The companies that handle your automatic deposits and withdrawals will need to be notified of your change. The attached forms will help with the notification process, and we will be happy to help you complete and submit the forms.

Automatic Payment Checklist

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Insurance | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Telephone | <input type="checkbox"/> Charities |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Internet | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Other | |

Automatic Deposit Checklist

- | | |
|--|---|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veterans Benefits |

Step 3 - Close your previous checking account.

Once all of your outstanding checks have cleared and your direct deposits and withdrawals have been transferred to your new Solutions Bank account, you can close your previous account.

FORRESTON

200 Main Street | Forreton, IL 61030
815.938.3121

FREEPORT

996 W Fairview Road | Freeport, IL 61032
815.235.2711

KENT

717 N Kent Road | Kent, IL 61044
815.443.2711

POPLAR GROVE - STATE

109 N. State Street | Poplar Grove, IL 61065
815.765.3333

POPLAR GROVE - 76

13565 Route 76 | Poplar Grove, IL 61065
815.765.0785



A better idea. A better *Solution.*

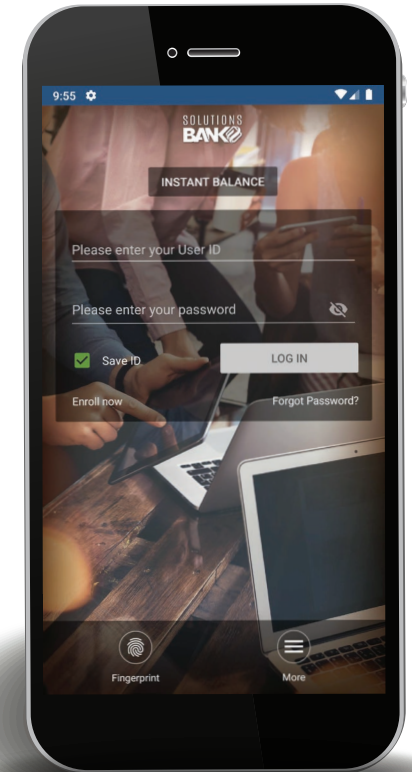
solutions.bank |      Member FDIC 

Request More Information

I would like to receive more information about the following bank products/services:

- | | |
|--|--|
| <input type="checkbox"/> Online Services
(Online Banking, eStatements,
Bill Pay, Mobile Banking) | <input type="checkbox"/> Business Banking Services |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Savings/CDs | <input type="checkbox"/> Other |

FLIP THE switch to



Switching to Solutions Bank
has never been easier!

Authorization to Close Account

Please complete and sign to let Solutions Bank close your account.

Previous Financial Institution

Financial Institution Name _____

Address: _____

City: _____

State: _____ Zip: _____

This form gives you the authorization to close the following account and forward the balance to us at the address provided. Please make the check payable to Solutions Bank for the benefit of (Name):

Account#: _____

Primary Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Your prompt attention to this request is appreciated. Thank you.

Primary Owner Signature

Joint Owner Signature

Please send the remaining balance to:
Solutions Bank
ATTN: Universal Banker
996 W Fairview Rd Freeport, IL 61032

Authorization To Switch Direct Deposit

Please complete and sign to let company know of switch.

I authorize

Name of Company or Agency

Address: _____

City: _____

State: _____ Zip: _____

to accept this signed form to direct my payment/credit to my Solutions Bank checking/savings account. I understand it may take up to 30 days to process this request.

Primary Owner Signature

Joint Owner Signature

Financial Institution: **Solutions Bank**

Routing#: **071913058**

Checking Account #: _____
\$/%: _____

Savings Account #: _____
\$/%: _____



Automatic Payment Transfer

Please complete and sign for all companies you have automatic withdrawals.

To Name of Biller/Provider

Name of Company or Financial Institution

Account#: _____

Payment Amount: _____

Address: _____

City: _____

State: _____ Zip: _____

Please establish an automatic payment or a transfer from my Solutions Bank checking account:

Financial Institution: **Solutions Bank**

Routing#: **071913058**

Account#: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

I authorize the biller/provider indicated above to initiate payments/transfers from my Solutions Bank checking account. These instructions shall remain in effect until I provide a new written notice.

Signature

Date

