

SWITCH KIT

Page 1 of 6

Getting Started

Making the switch to something better is easy!

We will gladly assist you with the three easy steps outlined below to switch your accounts to a community bank that cares about you. Make the switch. You'll be glad you did.

1

Open your new account.

Apply for a new Guaranty Bank checking or savings account. You will need your initial deposit, your social security number, and one of the following: Unexpired Driver's License, Missouri State ID Card, Passport, or U.S. Military ID.

- Fill out the switch kit and visit a banking center to open your new personal or business account.
- Need help? Talk to a Guaranty Bank personal banker today to help compare accounts.
- Once your account is opened, order your new ATM/Debit Card and enroll in Online Banking.

2

Switch your Direct Deposit(s), Automatic Transaction(s), and Bill Payees.

- Direct Deposit Authorization Form: Use this form to switch any direct deposits to your new account at Guaranty Bank.
- Automatic Withdrawal Authorization Form: Use this form to switch any automatic withdrawals to your new account.
- Bill Pay: Once you have enrolled in Online Banking, you can access your Bill Pay services and begin to switch over your payees.

3

Close your old account.

- Account Closure Authorization Form: Use this form to authorize the closure of your old account(s). Verify that all your automatic transactions have been switched to your new Guaranty Bank account and any outstanding items have cleared your old account. Have your remaining account balance transferred to your new account at Guaranty Bank.

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417-520-4333 | www.gbankmo.com

SWITCH KIT

Account Information

Tell us about you! We appreciate your business and look forward to providing you with superior customer service and the best financial products and services to meet all of your banking needs.

Choose one: _____ Individual Account _____ Joint Account

Primary Account Holder Information

Full Legal Name (First, Middle, Last)

Physical Address

Home Phone Work Phone

Mailing Address

City, State, Zip

Social Security #

Driver's License #, State & Expiration Date

Date of Birth

Mother's Maiden Name

Employer

Joint Account Holder Information

Full Legal Name (First, Middle, Last)

Physical Address

Home Phone Work Phone

Mailing Address

City, State, Zip

Social Security #

Driver's License #, State & Expiration Date

Date of Birth

Mother's Maiden Name

Employer

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Security Questions

Each account holder should choose and supply an answer to one of the following security questions.

Primary Account Holder Information

of Security Question Chosen (1-5)

Account Holder Answer

Joint Account Holder Information

of Security Question Chosen (1-5)

Account Holder Answer

1. Who was your favorite teacher?
2. What is your pet's name?
3. Who is your favorite author?
4. Where was your father's birthplace?
5. Who is your favorite actor/actress?

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Direct Deposit Authorization

This form can be used to authorize your employer, retirement and pension funds, or any other depositing agencies to deposit directly into your Guaranty Bank account.

Use one form for each direct deposit. Make copies as needed. Attach a voided check for each direct deposit form to confirm your Guaranty Bank account numbers. Submit this form to your employer or any other agency that deposits directly to your bank account.

Notification of Direct Deposit Authorization Change

Company or Employer: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Employee ID: _____
(if applicable)

Direct Deposit Checklist:

- Employee Payroll
- Investment Income
- Retirement Income
- Social Security Administration*
- Other

*Social Security payments may require you to contact the Social Security Administration directly at: 1 (800) 772-1213.

Effective immediately, please deposit the net amount of my check or specified amount/percentage below to my Guaranty Bank account. I authorize (name of depositor) _____ to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Net amount to Guaranty Bank CHECKING

Account # _____ Bank Routing # 286573335 Amount/% _____

Net amount to Guaranty Bank SAVINGS

Account # _____ Bank Routing # 286573335 Amount/% _____

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

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Automatic Withdrawal Authorization

This form can be used to authorize a change to any automatic withdrawals or deductions such as your mortgage payment, auto insurance, or health club membership fees.

Use one form for each automatic withdrawal. Make copies as needed. Attach a voided check for each automatic withdrawal form to confirm your Guaranty Bank account numbers. Submit this form to any company that withdraws funds from your bank account.

Notification of Withdrawal Authorization Change

Name of Company: _____
Account Number: _____
Payment Amount: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Automatic Withdrawal Checklist:

Mortgage Utilities Vehicle
 Insurance Internet TV
 Satellite Cable Phone
 Credit Card Memberships Others

Please change my automatic withdrawal from the following account:

Financial Institution: _____
Account # _____ **Bank Routing #** _____

Please make future automatic withdrawals from the following account:

Financial Institution: Guaranty Bank
Account # _____ **Bank Routing #** 286573335

Thank you very much.

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: _____ Date: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

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SWITCH KIT

Automatic Closure Authorization

This form can be used to authorize the closure of your account at your former financial institution. You can authorize your remaining balance to be deposited electronically to your new Guaranty Bank account or a check forwarded to your mailing address. Be sure to verify that any outstanding items have cleared your account and your automatic deposits or withdrawals have been changed to your new Guaranty Bank account.

Notification of Account Closure Authorization

To whom it may concern:

Financial Institution: _____

Address: _____

City, State, Zip: _____

Please close my account:

Account # _____ Primary Owner _____

Address: _____

City, State, Zip: _____

Please send remaining balance to:

Place an X next to your desired option. Have your funds deposited electronically (if available) or have a check forwarded to your mailing address.

Please deposit directly to my new account at Guaranty Bank.

Account # _____ Bank Routing # 286573335

Please forward me a check to my address listed below.

Signature: _____ Date: _____

Joint Signature: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Congratulations!

Once all the necessary forms have been submitted, you will have completed your switch.

Welcome to Guaranty Bank!

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