

Your Account Switch Kit



www.wsbankla.com

(337) 826-3641



Proudly Providing
KASASA FREE CHECKING



WSB Account Switch Kit

Welcome to Washington State Bank! We are happy you are here!

Thank you for choosing us to be your Bank. We have put together a 5-step checklist to assist you with making the switch from your current financial partner to Washington State Bank. The checklist simplifies your transition and will help you to track the progression of your “switch”.

If we can be of any assistance throughout this process, please do not hesitate to contact us at any one of our 5 full-service branches. You may also stop by and visit with one of our knowledgeable staff members. They will be happy to assist you in completing your “switch” over to Washington State Bank. *See listing of full-service branches below.*

“Welcome to the Washington State Bank Family”

-President/CEO Sue Soileau Durand

Our 5 Full-Service Locations are Available to Assist You

WASHINGTON BRANCH
103 N. MAIN STREET
WASHINGTON, LA 70589
(337) 826-3641

OPELOUSAS BRANCH
1810 S. UNION STREET
OPELOUSAS, LA 70570
(337) 948-4544

ARNAUDVILLE BRANCH
238 UNION STREET
ARNAUDVILLE, LA 70512
(337) 754-5121

LAFAYETTE BRANCH
1042 CAMELLIA BLVD, STE 9
LAFAYETTE, LA 70508
(337) 443-6026

EUNICE BRANCH
215 S. 2ND STREET
EUNICE, LA 70535
(337) 457-8952



Step 1 ____ CHOOSE YOUR ACCOUNT

Contact one of our knowledgeable representatives to discuss and select the account(s) that is best suited for your needs. Don't forget to ask about our Kasasa Free Checking. You will want to open your account(s) with us prior to closing your old account(s). You do not want to close your account(s) until all outstanding checks/items have cleared.

Step 2 ____ STOP USING YOUR CURRENT ACCOUNT

Stop actively using your previous account that you will be closing and begin using your new account with WSB immediately upon opening. We want to insure all of your previous account items have cleared and any automatic deposits and withdrawals have been transferred successfully.

Step 3 ____ CHANGE YOUR DIRECT DEPOSIT

Change your direct deposit(s) to Washington State Bank. We have included a **Direct Deposit Change Form** in this kit for your convenience. Some employers will require that you complete their Direct Deposit form, with a voided check attached.

Step 4 ____ TRANSFER YOUR AUTOMATIC DRAFTS

Review your last couple of bank statements and list the automatic deposits and withdrawals on the **WSB Switch Kit Organizer**. (*attached*) Transfer your Automatic Payments such as *recurring loan payments, insurance premiums, health club memberships, etc.* from your former bank account to your new Washington State Bank account. Be sure to include automatic payments from your debit card. Most direct deposit or automatic payments can be changed online or by phone. We have included an **Automatic Payment Change Form** in this kit for your convenience.

Step 5 ____ CLOSE YOUR OLD ACCOUNT

Close your former bank account(s) after all of your checks have cleared and your direct deposits and automatic payments begin posting to your new Washington State Bank account. Complete and send the **Request to Close Account(s) Form** (*attached*) to your former bank. We will be happy to assist you with this form. Some institutions may require additional information.





Washington State Bank Switch Kit

SWITCH KIT ORGANIZER

THIS FORM IS PROVIDED TO ASSIST IN TRACKING ALL OF THE INFORMATION YOU WILL NEED TO SWITCH ALL OF YOUR AUTOMATIC DEPOSITS AND PAYMENTS TO YOUR NEW WASHINGTON STATE BANK ACCOUNT.

WASHINGTON STATE BANK'S ROUTING NUMBER	065202461
YOUR WASHINGTON STATE BANK ACCOUNT NUMBER	

DIRECT DEPOSITS: LIST ALL DIRECT DEPOSITS TO YOUR ACCOUNT(S).

DEPOSIT TYPE	COMPANY OR INSTITUTION	ACCOUNT NUMBER	AMOUNT	DATE	COMPLETED
EMPLOYER PAYROLL					
SOCIAL SECURITY					
PENSION/RETIREMENT					
INVESTMENT/BROKERAGE					
OTHER:					
OTHER:					
OTHER:					

AUTOMATIC PAYMENTS/TRANSFERS: LIST ALL AUTOMATIC WITHDRAWALS FROM YOUR ACCOUNT(S).

WITHDRAWAL TYPE	COMPANY OR INSTITUTION	ACCOUNT NUMBER	AMOUNT	DATE	COMPLETED
HOME INSURANCE					
AUTO INSURANCE					
LIFE INSURANCE					
GAS/ELECTRIC					
TELEPHONE/CELL					
CABLE/INTERNET					
MORTGAGE					
AUTO LOAN					
HOME EQUITY LOAN					
PERSONAL LOAN					
CREDIT CARD					
HEALTH CLUB					
OTHER					
OTHER					
OTHER					



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DIRECT DEPOSIT CHANGE FORM

PLEASE ACCEPT THIS FORM AS AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT BANK INFORMATION.

DATE: _____

TO: _____ (COMPANY/EMPLOYER)

FROM: _____ (YOUR NAME)

TO WHOM IT MAY CONCERN:

YOU ARE CURRENTLY DEPOSITING MY: (CHECK ALL THAT APPLY)

- ENTIRE PAYCHECK
- PART OF MY PAYCHECK
- OTHER TYPE OF PAYMENT: _____

INTO MY OLD ACCOUNT AT _____ (FINANCIAL INSTITUTION)

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

PLEASE BEGIN MAKING THESE AUTOMATIC DEPOSITS INTO MY NEW WASHINGTON STATE BANK ACCOUNT.

NEW ROUTING NUMBER: **065202461** NEW ACCOUNT NUMBER: _____

CHECKING SAVINGS

ATTACHED IS A VOIDED CHECK FROM MY ACCOUNT.

PLEASE DO NOT HESITATE TO CONTACT ME SHOULD YOU HAVE ANY QUESTIONS AT THE NUMBER LISTED BELOW. PLEASE NOTIFY ME WHEN THE CHANGE WILL BE EFFECTIVE.

DAYTIME PHONE: _____

THANK YOU FOR ALL OF YOUR ASSISTANCE! IT IS GREATLY APPRECIATED.

SIGNATURE: _____



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AUTOMATIC PAYMENT CHANGE FORM

PLEASE CHANGE THE ACCOUNT FOR MY AUTOMATIC PAYMENTS.

DATE: _____

TO: _____ (COMPANY MAKING WITHDRAWAL)

FROM: _____ (YOUR NAME)

TO WHOM IT MAY CONCERN:

YOU ARE CURRENTLY WITHDRAWING \$ _____ EACH MONTH FROM THE FOLLOWING:

MY OLD ACCOUNT AT _____ (FINANCIAL INSTITUTION)

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

PLEASE BEGIN MAKING THESE AUTOMATIC WITHDRAWALS FROM MY NEW WASHINGTON STATE BANK

ACCOUNT EFFECTIVE ON (DATE: MM/DD/YY) ____/____/____.

NEW ROUTING NUMBER: **065202461** NEW ACCOUNT NUMBER: _____

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME. THANK YOU.

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE: _____

Request to Close Account

Financial Institution: _____

Address: _____

Re: Account Closure

Attention: Member Service/Account Closing Department

This letter is to request to have my accounts closed at your institution. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by mail or call me at the number listed below. Thank you in advance for your prompt attention to this matter.

Sincerely,

Authorized Signature

Date

ACCOUNT INFORMATION

Name: _____ Phone: _____

Address: _____

Savings Account Number: _____

Checking Account Number: _____