



UnionState

www.unionstate.net

Member FDIC

Dear Prospective Customer of Union State Bank:

Thank you for your interest in Union State Bank and allowing us the opportunity to handle your banking needs. We realize your time is precious and in order to make your switch as simple as possible we have prepared for you a "Switch Kit."

Due to the U.S. Patriot Act of 2003, the following items are required and necessary to open an account with Union State Bank. We greatly appreciate you providing us with this information.

1. Articles of Incorporation or Articles of Organization
2. Operating Agreement for LLC entities
3. Personal Information for each signer
4. Federal Tax Identification Number
5. Copy of Driver's License or Picture ID for each signer

We are also providing you with additional forms that will help you make your switch to Union State Bank. These forms are designed to help you notify all companies or banks that you do business with of your new Union State Bank information. Any of our employees will be happy to assist you in completing this paperwork.

We thank you for choosing Union State Bank, and we aim to provide you with the best banking experience possible. If you have any questions or concerns, please call us at (205) 884-1520.

Sincerely,

Reed Alexander
Chairman/CEO
Union State Bank



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Ready to Make the **Switch** to Union State Bank?

Welcome to Union State Bank! We realize changing banks can seem difficult, and we are here to make that process as simple as possible. Switching has never been easier. Just follow our step by step guide.

1 Open a Union State Bank checking account. We have several great accounts to choose from and you can learn more about these accounts by visiting www.unionstate.net. You can complete the **New Customer Information Form** now and then stop by any of our convenient [locations](#).

2 Stop using your previous checking account. Allow time for outstanding checks to clear, usually in about ten days. Bring in to any Union State office your unused check books and debit cards and get paid cash for turning them in.

3 Move your direct deposits to your new Union State Bank account. Enclosed you will find a **Direct Deposit Change Form** to assist you in making the switch. Also in order to have your Social Security payment changed to Union State Bank, please call the Social Security Administration at 1-800-772-1213 or go to <http://www.ssa.gov/deposit/howtosign.htm>.

4 Transfer any automatic payments and debits to Union State Bank. Notify anyone deducting automatic payments (insurance, gym dues, car payment, etc.) from your previous account of your new Union State Bank account. The enclosed form **Automatic Payment Change Form** will help you make a smooth transition.

5 Close your previous checking account. After all your checks and automatic payments have cleared, close your previous checking account. We have enclosed an **Request to Close Form** to help you notify your previous bank.



New Customer Information Form

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Date _____

Name _____

Address _____

Mailing Address _____

Months/Years at current address _____

Previous Address _____

(If at current address less than 2 years)

Type of ID _____ Issued by _____ Number _____

SSN _____ Authentication Code _____

Date of Birth _____ Occupation/Type of Business _____

Employer Name and Address _____

Home Phone # _____ Work Phone # _____

Email Address _____

Nearest Relative Name & Phone # _____

Do you expect to make large cash transactions? (if so, explain) _____

Do you expect to make or receive international wire transfers? _____



Direct Deposit Change Form

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Date _____

New Request

Update Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Union State Bank accounts specified below.

Name	Social Security Number
Address	
City, State, ZIP Code	
I hereby authorize (company/organization) _____ hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my accounts indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.	
PRIMARY ACCOUNT	
Depository Name (Bank) Union State Bank	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number 062203395	Account Number
Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> _____ (Fixed Amount)	
If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:	
SECONDARY ACCOUNT	
Depository Name (Bank) Union State Bank	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number 062203395	Account Number
Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> _____ (Fixed Amount)	
This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.	
Date	Signature



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Automatic Payment Change Form

Date _____

Do you make automatic payments from your checking account?

- | | | | |
|---------------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Telephone | <input type="checkbox"/> Electricity | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Insurance | <input type="checkbox"/> Loans | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Health Clubs | <input type="checkbox"/> Social Security | <input type="checkbox"/> Cable |
| <input type="checkbox"/> Charities | <input type="checkbox"/> Other | | |

Complete the form below, detach and include it in an envelope with a voided check or deposit slip from your Union State Bank account. Mail it to the appropriate companies or organizations you have authorized to make withdrawals from your account. While most companies accept this form, there may be some that require you to complete their own request form.

Please make additional copies of this form as needed

AUTOMATIC PAYMENT CHANGE REQUEST															
I have opened a new account at Union State Bank. Please change your records so that my electronic payments to you are deducted from my account.															
To (Payee Name)								Your Name							
Payee Address								Your Address							
Account Number (Insert your account number with payee)															
Union State Bank Routing Number								Union State Bank Account Number							
0	6	2	2	0	3	3	9	5							
Signature										Telephone Number ()					

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Request to Close Form

Date _____

REQUEST TO CLOSE ACCOUNT

Customer Name

Please close the account(s) noted below and mail the balance, including any accrued interest to:

- Address on File
- Address provided to the right
- Union State Bank
PO Box 647
Pell City, AL 35125

Current Address

Account Number (Union State Bank)

TYPE OF ACCOUNT/ACCOUNT NUMBER

Authorization

- Checking Account**
- Savings/Money Market**

I hereby authorize the closure of my account. All my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.

Current Bank

Signature

Account Number

Joint Owner

TYPE OF ACCOUNT/ACCOUNT NUMBER

Authorization

- Checking Account**
- Savings/Money Market**

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