

Checking Switch Kit

With the tools in our Switch Kit, changing banks has never been easier. Follow our 5 simple steps and you will see how WNB Financial truly is *More than a Bank*.

Step 1 Open your WNB checking account

Visit one of our Personal Bankers at any of our full-service locations or call 507-454-8800 to get started.

Step 2 Stop using your old account

Checks may take some time to process so do not immediately close your old account. You can begin the process by destroying all of your unused checks, deposit slips, and ATM and debit cards and stop actively using your account.

Step 3 Switch your direct deposits

Fill out our Direct Deposit Quick Switch Form located in this Switch Kit and give to your employer or whoever is responsible for your direct deposit. Include a new deposit slip or voided check from your new WNB account. For any changes with Social Security, our experienced bankers can help you with that switch.

Step 4 Switch your automatic payments

Fill out the Automatic Withdrawal Quick Switch Form located in this Switch Kit to change all of your automatic withdrawals or automated payment services. Any payment service that was tied to your old debit card number must be changed. Ask your Personal Banker for assistance if you are unsure how to find this information.

Step 5 Close your old account

Submit your Account Closing Form located in this Switch Kit to your old bank and start your Personalized Banking with the community bank you can trust. Once all of your checks clear from your old account, your old bank will send the remaining balance to you in the form of a check.



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Direct Deposit Quick Switch

Let us help you switch your direct deposit to WNB Financial. This form will notify the companies that you wish to have your direct deposit redirected to WNB Financial, N.A. To ensure accuracy, please attach a voided check from your new WNB Financial, N.A. account to each Authorization Form that you complete.

Date

Mailing Address

Name of Company that makes direct deposit

City, State, Zip

I have recently changed my account to WNB Financial, N.A. Please change all future deposits into my new account with WNB Financial, N.A.

WNB Financial, N.A.

New Bank Name

Former Bank Name

091900216

WNB Financial, N.A. Routing Number

Former Bank Routing Number

WNB Financial, N.A. Account Number

Former Bank Account Number

For your convenience, I am enclosing a voided deposit slip. If you have any questions regarding this, please call.

☐

Daytime

☐

Evening

Phone Number

E-mail Address

Signature

Mailing Address

Name (please print)

City, State, Zip



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Automatic Payments Quick Switch

Let us help you switch your automatic payments to WNB Financial, N.A.. This form will notify the companies that you wish to have your automatic payment redirected to WNB Financial, N.A.. To ensure accuracy, please attach a voided check from your new Winona National Bank account to each Authorization Form that you complete.

Date

Mailing Address

Name of Company that makes automatic withdrawal

City, State, Zip

I have recently changed my account to WNB Financial, N.A. Please change the following regular payment of \$ _____ as specified below:

☐

Please cancel my automatic payment

—or—

☐

Please Change my automatic to my new account at WNB Financial, N.A.

091900216

WNB Financial, N.A. Routing Number

Former Bank Routing Number

WNB Financial, N.A. Account Number

Former Bank Account Number

For your convenience, I am enclosing a voided check and/or deposit slip. If you have any questions regarding this, please call.

☐

Daytime

☐

Evening

Phone Number

E-mail Address

Signature

Mailing Address

Name (please print)

City, State, Zip



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Account Closing Form

Please close the following account(s) and any associated products/services to these account(s). Send a check for the remaining balance to the address below.

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

If you have any questions regarding this request, please call me at the number below.

Phone Number: _____

Sincerely,

Signature

E-mail Address

Name (please print)

Mailing Address

Co-Signer Signature

City, State, Zip

Co-Signer Name (please print)



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