



Quick Switch Kit: Getting Started

Let us save you time! Complete this Quick Switch Kit form and return it to Citizens State Bank by mail or bring it in to one of our personal bankers. We'll get the paper work ready for you. Stop back in to see a personal banker, sign forms and make a deposit.

Primary Account Holder Information

Name:
Address line 1:
Address line 2:
City: State: Zip
Home Phone: Work Phone:
Social Security Number:
Driver's License Number:
Issuing State: Issue Date: Expiration Date:
E-Mail Address:
Date of Birth:
Employer:

Secondary Account Holder Information

Name:
Address line 1:
Address line 2:
City: State: Zip
Home Phone: Work Phone:
Social Security Number:
Driver's License Number:
Issuing State: Issue Date: Expiration Date:
E-Mail Address:
Date of Birth:
Employer:

Please note: Federal regulation requires that Citizens State Bank have on file, verification of customer's identification. Please be prepared to have our Personal Banker or Staff verify the above information by driver's license or other photo ID.

The above information I/we have provided is correct the best of my/our knowledge. I/we authorize Citizens State Bank to check credit and employment history if necessary.

Signature Date

Signature Date

Your partner in banking



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www.citizensstatebank.us

