

SWITCHING BANKS GUIDE

Ready for a change? We'll help you through the process. Print this guide, fill out the worksheets, bring it to your local branch, and we'll take it from there!

How does switching banks work?

We'll be with you every step of the way.

- **Fill out the worksheets/forms in this guide.** If you don't know an answer, don't worry. We'll help you when you come into the branch.
- **Come into your local branch to open your new Fortifi account and meet your personal banker.**
- **Switch your direct deposit and other automatic payments.** We've included an authorization form later in this guide to make this process quick and easy.
- **Transfer recurring payments to your new account.** We want to make sure no payments are automatically withdrawn from your old account.
- **Close your old account.** We've included a request form to have your existing bank close your account and mail your funds to your new Fortifi account. Alternatively, you can request a cashier's check from your bank for your balance and bring it to your nearest Fortifi branch. Digital transfers are also available. Ask your Fortifi banker for details about your options.

New Account Checklist

Here is what you will need to start a new Fortifi account:



Authorized Signer(s) Information

_____ Legal Name _____ Physical Address

_____ Date of Birth _____ Mailing Address

_____ Social Security Number _____ Phone Number



Copies of the Following

- Driver's License
- Past 3 month's bank statements

Old Payments Checklist

Use this worksheet to organize and track any payments to or from your old bank account. We'll check each one off as they are switched to your new account.

Automatic Deposits *(Example: direct deposit paycheck from employer)*

Write down any automatic deposits **to** your old bank accounts.

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Automatic Withdrawals *(Example: monthly payment sent to internet provider)*

Write down any automatic withdrawals **from** your old bank accounts.

Payee Name	Amount	Due Date		Payee Name	Amount	Due Date
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____		<input type="checkbox"/>	_____	_____

Uncleared Checks *(Example: niece has not yet cashed her birthday check)*

Write down any checks which have not yet cleared from your old bank accounts.

Check #	Check Payee	\$ Amount	Date Cleared
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Direct Deposit/Direct Debit Transfer Authorization Agreement

Fortifi Bank has received your written authorization to transfer your direct deposit(s) and direct debit(s) from another financial institution to your account at Fortifi Bank. The direct deposit(s) and direct debit(s) you have authorized Fortifi Bank to transfer to your account, _____(account number), will be posted in the order in which the bank receives them.

In the event a direct debit you authorized (for transfer) is presented for payment before Fortifi Bank receives the direct deposit you authorized (for transfer), Fortifi Bank will pay the direct debit and will not assess an insufficient funds fee, if the payment causes your account to be overdrawn for the first sixty days from the date of your authorized transfer. Thereafter, fees will be assessed in accordance with the bank's "Schedule of Fees."

Fortifi Bank will exercise ordinary care to complete your authorized transfer of direct deposit(s) and direct debit(s). If you incur any fees or charges due to negligence by Fortifi Bank in the processing of your written request and/or authorized direct deposit(s) and direct debit(s) request, Fortifi Bank will reimburse you for these fees and charges. Claims for reimbursement must be submitted in writing within six months of the date of your authorization to transfer. To file a claim, send a written request with your name, address, and account number along with a copy of the billing notice for the fee or charge to:

Fortifi Bank ACH Department | PO Box 310 | Berlin, WI 54923

_____ Customer Signature _____ Date

_____ Bank Representative _____ Date

Please change my direct deposit.

To Whom It May Concern:

Currently you are depositing my _____ payment into my bank account(s):
Paycheck, Pension or Government Check

Current Bank _____

Routing Number _____

Account Number _____

Please start making these automatic deposits into my new account(s) at Fortifi Bank.

New Bank Information:

Fortifi Bank | PO Box 310 | Berlin, WI 54923

Deposit \$ _____ or _____ % of my _____ into my
Paycheck, Pension or Government Check

Fortifi Checking Account: _____
Checking Account Number

Deposit \$ _____ or _____ % of my _____ into my
Paycheck, Pension or Government Check

Fortifi Savings Account: _____
Savings Account Number

Please send me confirmation indicating when this change takes effect. If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Address

Print Name

City State Zip

Account Number w/ Payee

Phone Number

Please close my account.

_____ Date

_____ Bank Name

_____ Address

_____ City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest to Fortifi Bank, and send a confirmation of account closure to the customer. Fortifi Bank's mailing address is PO Box 310, Berlin, WI 54923.

	Account Number	
<input type="checkbox"/>	Checking Account	_____
<input type="checkbox"/>	Savings Account	_____
<input type="checkbox"/>	Money Market Account	_____
<input type="checkbox"/>	Certificate of Deposit	_____
<input type="checkbox"/>	Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.	<input type="checkbox"/> Please close my CD upon maturity.
		_____ Maturity Date

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Print Name

Account Number w/ Payee

Address

City State Zip

Phone Number