



THE LYTLE STATE BANK SWITCH KIT

Member FDIC

Switching banks can be a hassle, so the Lytle State Bank has created the Switch Kit to help you move your banking relationship to our bank, where we believe that banking is personal and relationships are valued.

Easy. Simple. Quick.

In this kit you will find:

1. Five Easy Steps on Switching to Lytle State Bank
2. Simple Answers to frequently asked questions
3. Form Letter to use for switching
4. Helpful Organizers

EASY

It's Easy to Switch

Follow these simple steps to move your banking relationship to Lytle State Bank:

1. **OPEN A LSB CHECKING ACCOUNT.** We will help you decide which account best fits your needs. Open a LSB Checking account. (*)
2. **STOP USING YOUR PREVIOUS CHECKING ACCOUNT.** Allow time for outstanding checks and debits to clear – usually about 10 days. Destroy your ATM and/or debit card(s), any unused checks, and deposit slips.
3. **MOVE YOUR DIRECT DEPOSIT(S) LYTLE STATE BANK.** Notify anyone making direct deposits to your previous account of your new LSB information. Following is a direct deposit authorization form to assist you in quickly making this switch
4. **TRANSFER ANY AUTOMATIC PAYMENTS AND DEBITS TO LYTLE STATE BANK.** Notify anyone deducting automatic payments (mortgage, insurance, dues, etc) from your previous account to your new LSB information. Following is an Automatic Payment Form to assist you in quickly making this switch.
5. **CLOSE YOUR PREVIOUS CHECKING ACCOUNT.** After all your checks and automatic payments have cleared, close your previous checking account. Following is a form to notify your previous bank of your decision to close your account(s).

If you have questions during this process, we are always here to help at (830) 709-3601. You can also visit us on the web at www.lytlestatebank.com.

SIMPLE
Answers to Frequently
Asked Questions

Q: What should I do to have my paycheck deposited electronically into my Lytle State Bank account?

A: Following is a Direct Deposit Authorization Form that you can complete and sign to authorize the payroll switch. This form should be given to your payroll clerk.

Q: What should I do to have my Social Security payment directly deposited into my LSB checking account?

A: For Social Security direct deposits call the Social Security Administration at 1-800-772-1213 or go to www.ssa.gov/deposit/howtosign.htm.

Q: What should I do to have payments that are automatically deducted from my old checking account transferred to my new LSB account?

A: Following is an automatic payment form to have drafts/automatic payments transferred to your LSB account. Once you have cancelled the draft you can also set up new automatic deductions for you on Internet Banking with Bill Pay, if you prefer to have more control over them.

Q: What should I do if I have trouble switching my account?

A: Call a Lytle State Bank New Accounts Representative if you need help.

Q: How do I close my previous checking account?

A: Following is an Account Closing Form that can be used to notify your previous bank of your closing request.

**QUICK
Instructions and Forms**

We are including three forms that will help you make a quick switch to Lytle State Bank! Just complete and send these to the appropriate contacts to have automatic payment drafts and direct deposits moved to your new LSB account. We've also included a letter to have your previous bank account closed. Instructions and organizers are also included.

DIRECT DEPOSIT REQUEST

Use the Direct Deposit Request to establish Direct Deposit or change Direct Deposit from accounts at other banks to Lytle State Bank accounts. Use one copy for each direct deposit you need to have set up.

AUTOMATIC PAYMENT REQUEST

Use the automatic Payment Request to set up automatic payments from your LSB account. Use one copy to notify each merchant of your new bank information.

ACCOUNT CLOSING REQUEST

Use the Account Closing Request to close accounts at other banks. You can use one form for all accounts at the same financial institution. Use separate forms for each bank if accounts are at different banks.

DIRECT DEPOSIT REQUEST ORGANIZER

Direct Deposits:

Use this resource to identify and track the status of your direct deposits.

Direct Deposit Request:

Before Sending the Direct Deposit Request:

1. Check with your employer or source of income to make sure no other forms are required. For social security direct deposit, call the Social Security Administration at 1-800-772-1213 or go to www.ssa.gov/deposit/howtosign.htm.
2. Use the enclosed form to establish your direct deposit at Lytle State Bank by providing it to your employer/source of income.
3. Maintain the account at your previous bank until direct deposit has been switched over to your new LSB account.

After you've sent the Direct Deposit Request:

1. Confirm with your employer/source of income that the form was received.
2. Monitor your account by logging on to your free Online Banking at www.lytlestatebank.com to verify that your direct deposit has begun.

Examples of Direct Deposit include:

Paycheck

Interest Income/Dividends

Social Security

VA Compensation

Military Pay

Retirement/Pension Plan Income

Direct Deposits	Company Name	Last Deposit Date	Date Letter Mailed	Estimated Switch Date	Status
1					
2					
3					
4					
5					

DIRECT DEPOSIT REQUEST

I would like my income to be automatically deposited to my Lytle State Bank account according to the instructions below.

To: _____

Address: _____

Phone/Fax#: _____

- Establish Direct Deposit
- Change my existing Direct Deposit

Employer or Company Name: _____

Employer of Company Address: _____

City: _____ State: _____ Zip: _____

Employee ID or Account Number: _____

Personal Information:

Name: _____

Address: _____

Phone Number: Day: _____ Evening: _____

Bank Account Information:

Account Type: (circle one)
 Checking Savings Money Market

The Lytle State Bank Routing Number: 114911519

LSB Account Number: _____

I authorize _____ (company name/employer) to make deposits into my Lytle State Bank account indicated above, and to make (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____

AUTOMATIC PAYMENT REQUEST ORGANIZER

Automatic Payments:

- Use this resource to identify the Automatic Payments from your previous bank statements, use the Automatic Payment Request Letter to notify the merchant of your new bank information.

- Don't forget, you can also manage your payments with Lytle State Bank free Online Banking with Bill Pay.

Before Sending the Automatic Payment Request:

1. Review the Automatic Payment Resource below to identify any existing automatic payments.
2. Use the following form to request that your automatic payment be established at Lytle State Bank.
3. Maintain the account at your previous bank until the automatic payment has been switched over to your new LSB account.

Automatic Payment Resource

Can't remember all the automatic payments you've set up to draft from your checking account? Here's a helpful checklist. You can also use the Lytle State Bank's Online Banking with Bill Pay to manage monthly payments.

Mortgage/Rent	Oil Company	Department Store Cards
Home/Renters Insurance	Home/Cell Phone	Loans (personal, student, boat, RV)
Auto Loan/Lease	Long Distance	Transportation
Health/Life Insurance	Auto Club	Savings Payments
Electric/Gas Company	Memberships	Investment/ Annuity Payments
Credit Cards	Satellite TV	Water

After you've sent the Automatic Payment Request

Verify this request has been processed by monitoring your account by logging on to your free Online Banking at www.lytlestatebank.com.

Automatic Payments	Company Name	Last Draft Date	Date Letter Mailed	Estimated Switch Date	Switched to LSB
1					Y/N
2					Y/N
3					Y/N
4					Y/N
5					Y/N
6					Y/N
7					Y/N
8					Y/N
9					Y/N
10					Y/N

AUTOMATIC PAYMENT REQUEST

I would like the following payment to be automatically debited from my Lytle State Bank account according to the instructions below.

To: _____

Address: _____

Phone/Fax#: _____

Automatic Payment Information

- o Establish Automatic Payment
- o Change my existing Automatic Payment

Amount: \$_____

Company Name:_____

Account Number: _____

Personal Information

Name _____

Mailing Address _____

City_____ State:_____ Zip:_____

Bank Account Information

Account Type: (circle one) Checking Savings Money Market

Lytle State Bank Routing Number : 114911519

LSB Account Number: _____

I authorize _____(payee) to initiate payments from my Lytle State Bank account, and to make necessary adjustments for any debit made in error to my account. This authority will remain in effect until I have given written notice to terminate this service

Signature: _____ Date: _____

ACCOUNT CLOSING REQUEST INSTRUCTIONS

Account Closing Request:

Before sending the account closing request

1. Check with your previous bank to make sure no additional forms or information are required.
2. Inquire about any possible penalties with respect to early withdrawal before you close your account. If you have Certificates of Deposits (CDs), it is important to check the maturity dates.

After you've sent the Account Closing Request

1. Check account statements to verify that all accounts have a zero balance and have been closed.

ACCOUNT CLOSING REQUEST

Please close my account(s) described below effective _____(date) as indicated. Please process this request and forward any remaining funds in the accounts(s) by check to the address indicated below.

To: _____

Address: _____

Phone/Fax#: _____

The following account numbers indicate the accounts to be closed:

Checking: _____ Account Owners: _____

Checking: _____ Account Owners: _____

Savings: _____ Account Owners: _____

Savings: _____ Account Owners: _____

Money Market: _____ Account Owners: _____

Money Market: _____ Account Owners: _____

CD: _____ Account Owners: _____

CD: _____ Account Owners: _____

Other: _____ Account Owners: _____

Other: _____ Account Owners: _____

If you have any questions about this request, please contact me immediately. Otherwise, please send any remaining funds by check to the following address:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (____) _____ or (____) _____ or (____) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

