



Farmers State Bank

Member FDIC

Account Switch Kit

In 2 Simple Steps, Farmers State Bank will help you move your accounts from your current bank to ours.

STEP 1: *Open a new Farmers State Bank checking account at one of our 7 convenient locations. Discontinue use of your account at your existing bank and leave enough money to cover any **outstanding checks, ATM/Debit card purchases, online bill payments and automatic payments/bank drafts.***

STEP 2: *Complete any of the attached forms that currently apply to you:*

- **Form 1: Direct Deposit Change Form:** *Payroll, Dividends or any other automatic deposit*
- **Form 2: Automatic Payments or Bank Drafts Change Form:** *Scheduled transfers, monthly/quarterly/annual bill payments*
- **Form 3: Go Direct Federal Benefit Direct Deposit Form:** *If you receive social security, supplemental security income, railroad retirement, civil (non-military) retirement or VA (compensation or pension only) then fill out this form to receive your benefits by direct deposit (Address/Phone number/website instructions are on the form)*
- **Form 4: Account Closing Form:** *After all outstanding checks and debits have cleared and scheduled deposits and withdrawals are switched to Farmers State Bank, use this form to close the account at your old bank*

Let our staff help you ease through the transition process! We will help answer any questions you might have, help you fill out any forms you need assistance with and help you get your forms to the right people. We want to make your transition to Farmers State Bank as smooth as possible!

We have 7 convenient locations available for your use:

- **Groesbeck** – 121 S. Ellis, Groesbeck, TX 76642 – (254) 729-3272
- **Thornton** – Hwy. 14 North, Thornton, TX 76687 – (254) 385-6400
- **Wortham** – 2nd & Main, Wortham, TX 76693 – (254) 765-3338
- **Mexia** – 604 W. Milam, Mexia, TX 76667 – (254) 562-9494
- **Fairfield** – 360 W. Commerce, Fairfield, TX 75840 – (903) 389-7999
- **Kosse** – 104 N. Narcissus, Kosse, TX 76653 – (254) 375-2203
- **Jewett** – 523 S. Main, Jewett, TX 75846 – (903) 626-4008

***Please visit us at our website:
www.fsbtxas.com***



Form 1: Request to Change Direct Deposit

To: _____
Company Name/Employer

I hereby authorize my automatic deposit to be transferred to my new Farmers State Bank account. Information pertaining to my account is listed below:

Bank Name: Farmers State Bank
Routing/ABA Number: 111915039

Account Number: _____ (7 digits to the right of the ABA # on your checks)

Type of Account: _____ Checking _____ Savings

The following information can be used for contact if you have any questions and my signature below grants you authorization to change my direct deposit from my existing bank to my Farmers State Bank account.

Name (First, Middle, Last) _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Social Security Number _____

Employee Number (If Applicable) _____

Employee Signature _____ **Date** _____

Submit this completed form along with a voided check to your Human Resources/Payroll Department, or to the originator of your direct deposit.

**ATTACH VOIDED CHECK
HERE**



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Form 2: Automatic Payments or Bank Drafts Change Form

Complete this form to notify a company of your request to redirect your automatic payment from your new Farmers State Bank account. Please complete one form for each automatic payment you wish to change.

Date: _____

To: (Company Name) _____

Address: _____

This form is my request to transfer my current Automatic Payment/Withdrawal/Draft to my account with Farmers State Bank. **Please discontinue using the following bank information:**

Bank Name: _____

Routing/ABA Number: _____

Bank Account Number: _____

New Bank Information:

Name(s) on Account: _____

Bank Name: Farmers State Bank

Routing/ABA Number: 111915039

Account Number: _____ (7 digits to the right of the ABA # on your checks)

Additional Instructions: _____

Signature: _____ Date: _____

**ENCLOSE A
VOIDED CHECK
FOR VERIFICATION
PURPOSES**



Sign-Up Form for Direct Deposit of Federal Benefit Payments

FMS Form 1200 (July 2009) Previous versions obsolete

OMB No. 1510-0007

You may also sign up online today at www.GoDirect.org or call **Go Direct**® toll free at 1 (800) 333-1795

(for social security, railroad retirement board, civil (non-military) retirement payments or VA only).

DIRECTIONS

Please read the information on page 2 before completing this form. **You must complete boxes A, B, C, D, E and F.** Only complete this form to sign up for direct deposit if you are an individual, or a representative payee of an individual, who receives checks for the following types of federal benefits: **social security, supplemental security income, railroad retirement, civil (non-military) retirement, or VA (compensation or pension only).** If you currently receive your payment by direct deposit you may not use this form. Please refer to page 2 for further instructions.

A. FEDERAL BENEFIT RECIPIENT INFORMATION

(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (if yes, enter name at right) No <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE
ADDRESS (street, route, P.O. box, apartment number)	
CITY (or APO/FPO)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	

SAMPLE CHECK (bottom left corner) →

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check below)
** ACCOUNT NUMBER (see sample check below, do not include check number)	

** You may also attach a voided personal check. If you are depositing into a savings account, you may need to contact your financial institution to obtain the routing and account numbers.

C. TYPE OF PAYMENT (check only one) You must complete a separate form for each type of federal payment.

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA (COMP/ENSION ONLY)	<input type="checkbox"/> RAILROAD RETIREMENT (specify below) Annuity <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	<input type="checkbox"/> CIVIL (NON-MILITARY) RETIREMENT (specify below) Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>
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For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).

D. IDENTIFICATION

CLAIM NUMBER	OR	In order to process your request, either the claim number (found on documents from your paying agency) or the check number from your last payment (found in the upper right-hand corner of your Treasury check) must be entered at left.
CHECK NUMBER (YOUR MOST RECENT PAYMENT)		

E. PAYMENT VERIFICATION

You must also enter the amount of your last benefit payment.

AMOUNT OF YOUR MOST RECENT PAYMENT

\$ _____ . _____

F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be deposited into the account above.

SIGNATURE	DATE
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FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE	DATE
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Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

Go Direct Processing Center
U.S. Department of the Treasury
P.O. Box 650527
Dallas, TX 75265-0527

This form is only to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

Contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by Go Direct

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives direct deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by direct deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by direct deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the person receiving the payment.

Your financial institution may cancel your direct deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the direct deposit authorization was cancelled.

Please contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*

Department of Veterans Affairs
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Railroad Retirement Board
(Automated System)
(877) 772-5772
(312) 751-4701 TTY

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



Form 4: Account Closing Form

I/We hereby request that you close the following bank account(s) I/We maintain with you:

Bank Name: _____

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

Please send all remaining funds in the account(s) by check to:

_____ Farmers State Bank, 121 S. Ellis St., P.O. Box 499, Groesbeck, TX 76642

Please reference name and account number on the check

Account Number: _____

_____ My/Our personal address shown below

Primary Account Holder's Signature Date

Secondary Account Holder's Signature Date

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Notary:

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, known to me or proven to be the person(s) described in and who executed the same as his/her/their free act and deed.

Notary Signature: _____

My commission expires: _____