



**HOME TRUST
& SAVINGS BANK**

**Easy Switch Kit
Banking Made Simple**

Thank you for choosing Home Trust & Savings Bank for your banking needs. The following pages are designed to help make the transition as simple as possible.

Simple Steps:

1. **Open your new Home Trust Account:** Stop by Home Trust Bank to open your accounts. Make note of your new account number and the bank routing number, they will be needed later.
2. **Stop using your old Account:** Let your checks clear, this can take up to 10 days. Destroy any unused checks, ATM cards, Debit cards, and Deposit slips.
3. **Change your Direct Deposits:** The form you need for this is in this kit. Simply fill out the form and give it to your employer, the Social Security Administration or your retirement plan. Include a new deposit slip or a new voided check.
4. **Change your Automatic Payments:** The form you need for this is in this kit. If you need more than three of these forms let us know we can provide more. Remember any automatic payments that may have been linked to your old debit card.
5. **Close your old Accounts:** A form has been provided for you to do this. When done simply drop it off at your old bank. The rest is done for you.

Call us or stop in for any additional contact information, phone numbers or assistance with any of these steps.

www.hometrustedbank.com
628 Main Street
Osage, Iowa 50461

Phone: 641-732-3763
Fax: 641-732-5121

Opening a New Account

Thank you again for choosing Home Trust & Savings Bank for your banking needs. In order to make opening your new account as quick and simple as possible. Here is a list of what you will need to have with you when you come in to visit with us.

1. **Personal Identification.** This includes any from the following list: Valid Government issued Photo ID, Valid Passport, Iowa ID card, Valid Work ID with picture and signature, Alien Registration Card, Valid Student ID.
2. **Address Verification.** Needed if your address is different than what is listed on your ID. This includes any from the following list: Apartment Lease, Utility Bill, Current Pay stub with Home address, Current Credit Card Statement with Home address.
3. **You will need to know the following information for all owners on the new account:** *(see new account application)*
 - a. Name
 - b. Street Address
 - c. City, State, Zip
 - d. Social Security Number
 - e. Drivers License Number, issue date, and expiration date
 - f. Date of Birth
 - g. Phone Number
 - h. Employer
 - i. Employer Phone
 - j. E-Mail Address (optional)



Account Type _____ **Account** _____
 # _____

Date: _____
Port: # _____

Owner Name: _____ **Tax ID #:** _____
Street Address: _____ **Phone 1:** _____ (cell)
City, State, Zip: _____ **Phone 2:** _____ (_____)
Birth Date: _____ **E-Mail:** _____
D/L-ID State: _____ **Driver's License/ID #:** _____
Issue Date: _____ **Expire Date:** _____
 U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence _____
Employer: _____ **Occupation:** _____ ** IF RETIRED NOTE PREVIOUS
Why did you choose HTSB? _____
Connection(s) to Osage/surrounding area? _____
Do you have accounts at other Banks? Yes/No What Bank? _____ **Closing? Yes/No**

BANK USE

Owner Name: _____ **Tax ID #:** _____
Street Address: _____ **Phone 1:** _____ (cell)
City, State, Zip: _____ **Phone 2:** _____ (_____)
Birth Date: _____ **E-Mail:** _____
D/L-ID State: _____ **Driver's License/ID #:** _____
Issue Date: _____ **Expire Date:** _____
 U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence _____
Employer: _____ **Occupation:** _____ ** IF RETIRED NOTE PREVIOUS
Why did you choose HTSB? _____
Connection(s) to Osage/surrounding area? _____
Do you have accounts at other Banks? Yes/No What Bank? _____ **Closing? Yes/No**

BANK USE

Purpose of this account? Household Expenses Direct Deposit Savings Investment
 Other _____
What funds will you typically deposit? Payroll Social Security Pension Investment Cash
 Other _____
Any deposits to be direct deposit transactions? Yes No **If Yes:** Domestic (US) Foreign
On a monthly basis:
Do you expect to send ACH or other automatic payments? Yes No **If Yes, note type:**
 Mortgage Utilities Car Payment Insurance Credit Card Other _____
Will you be sending/receiving wire transfers? Yes No **If Yes, note type:**
 Domestic (US) Foreign **To/From:** _____
Make deposits or withdrawals of cash over \$5,000 per month? Yes No
Purchase cashier's checks, gift cards or travel cards? Yes No (Circle which type)

RISK RATING - BANK USE ONLY

Customer(s) occupation/ Owner(s) business type. Check all boxes that apply. If not listed, write in.

<input type="checkbox"/>	Accounting/Legal Service	<input type="checkbox"/>	Gambling Related Bus	<input type="checkbox"/>	Liquor/Tobacco Store	<input type="checkbox"/>	Retail Store
<input type="checkbox"/>	ATM/Check Cashing Svc	<input type="checkbox"/>	Importer/Exporter	<input type="checkbox"/>	Marijuana Related Bus	<input type="checkbox"/>	Restaurant/Bar
<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>	International Business	<input type="checkbox"/>	Medical Doctor/Clinic	<input type="checkbox"/>	Self Empld non-local
<input type="checkbox"/>	Car/Boat/Plane Dealer	<input type="checkbox"/>	Investments/Broker	<input type="checkbox"/>	Money Servc Bus	<input type="checkbox"/>	Travel Agency
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Jewels/Metals/Dealer	<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Transport/Trucking
<input type="checkbox"/>	Deposit Broker	<input type="checkbox"/>	Laudromat/Vending	<input type="checkbox"/>	Pawn Shop	<input type="checkbox"/>	
<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Leather Goods	<input type="checkbox"/>	Realtor/Broker	<input type="checkbox"/>	

RISK ASSESSMENT

Questions: (Answer "Yes" or "No"; If question does not apply, leave blank.)		Yes No	Score
1.	Individual resides locally? No = 2		
2.	US Citizen? No = 3		
3.	Occupation or Owner of Business type listed above? (No if Self-employed locally or if not listed above) Yes = 3		
4.	Deposits/withdrawals of cash > \$5,000 per month? Yes = 5		
5.	Purchase cashier's checks, money orders, gift cards, etc. Yes = 3		
6.	Customer will send/receive Domestic ACH? Yes = 1		
7.	Customer will send/receive Foreign ACH? Yes = 3		
8.	Customer will send/receive Domestic wires? (i.e. payroll, social security, pay bills online, etc.) Yes = 2		
9.	Customer will send/receive Foreign Wires? Yes = 5		
10.	Customer maintains deposit accounts at other banks? Yes = 2		

(1) Low Risk = 0 - 7 (2) Med. Risk = 8 - 14 (3) High Risk = 15 - 20

Risk Score: _____

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Date of Initial Rating: _____ By: _____ Notes: _____

Customer Profile: Non-Business

Opening Deposit Amount: _____ (Cash) (Pers. Ck) (Cashier's Ck) (Payroll Ck) (Transfer)

Anticipated Deposit Cycle/Amt: _____ (Daily) (Weekly) (Bi-Weekly) (Bi-Monthly) (Monthly)

Additional Notes:

- | | | | | | |
|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
| Loan Customer | <input type="checkbox"/> | Check Order | <input type="checkbox"/> | Starter Checks | <input type="checkbox"/> |
| Online Banking | <input type="checkbox"/> | Check Register | <input type="checkbox"/> | _____ | |
| Mobile Banking | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> | _____ | |

** Please bring your photo ID, and proof of address when you open your account.



628 MAIN ST, PO BOX 150
 OSAGE, IA 50461-0150
 (641) 732-3763
 www.hometrustedbank.com

Account Owner _____

Account Type _____ **Date** _____

Account # _____ **Port #** _____

Signer Name: _____ **Tax ID #:** _____

Street Address: _____ **Phone 1:** _____ (cell)

City, State, Zip: _____ **Phone 2:** _____ (_____)

Birth Date: _____ **E-Mail:** _____

D/L-ID State: _____ **Driver's License/ID #:** _____

Issue Date: _____ **Expire Date:** _____

U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence _____

Employer: _____ **Occupation:** _____ **** IF RETIRED NOTE PREVIOUS**

BANK USE

Signer Name: _____ **Tax ID #:** _____

Street Address: _____ **Phone 1:** _____ (cell)

City, State, Zip: _____ **Phone 2:** _____ (_____)

Birth Date: _____ **E-Mail:** _____

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Issue Date: _____ **Expire Date:** _____

U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence _____

Employer: _____ **Occupation:** _____ **** IF RETIRED NOTE PREVIOUS**

BANK USE

**** Please bring your photo ID, and proof of address when you open your account.**

Change for Direct Deposit

Date: _____

Company Name: _____

Company Address: _____

To Whom it May Concern:

You are currently depositing my entire paycheck, or part of my paycheck or a type of payment into the following account:

Old Bank Name: _____

Old Routing Number: _____

Old Account Number: _____

Please Start making these automatic deposits into my new Home Trust & Savings Bank account.

Home Trust Routing Number: 073903493

Home Trust Account Number: _____

Circle One: Checking / Savings

If you have any questions, please let me know. Thank you for your time and assistance.

Sincerely,

Signature: _____

Printed Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Change for Automatic Withdraw

Date: _____

Company Name: _____

Company Address: _____

To whom it May Concern:

I have recently changed banks and have signed up with Home Trust & Savings Bank. You are currently withdrawing \$_____ from the following account:

Old Bank: _____

Old Routing Number: _____

Old Account Number: _____

For (*Payment Reason*): _____

On (*Date*) _____ . Please stop making withdrawals from this account on:

(*Date*) _____ , and start making them from my new Home Trust account.

Home Trust Routing Number: 073903493

Home Trust Account Number: _____

Circle One: Checking / Savings

If you have any questions, please let me know. Thank you for your time and assistance.

Sincerely,

Signature: _____

Printed Name: _____

Address: _____

Close Account Request

Date: _____

Bank Name: _____

Bank Address: _____

To whom it May Concern:

Please close the following (Checking / Savings) account #: _____ and send a check for the remaining balance to the address below.

If you have any questions, please let me know. Thank you for your time and assistance.

Sincerely,

Signature: _____

Printed Name: _____

Co-Signer Signature: _____

Printed Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____