Welcome!

We're So Happy You're HERE.

We're so happy you chose Forte Bank. Our Switch Kit will help you get your new account up and running in no time! Utilize these forms to organize your new account information, transfer existing direct deposits and automatic payments, and close your old account.



1. Open your new Forte Bank account.

After you open your Forte Bank account, you'll want to keep track of your new account number, as well as organize the direct deposits and automatic payments you'll need to switch.

2. Change your direct deposit.

Utilize the direct deposit form to notify your employer and any other source that automatically deposits funds into your account that you have switched bank accounts.

3. Update any automatic withdrawals.

Some organizations require written authorization to change automatic withdrawals. Use this form to notify them.

4. Close your old account.

You can close your old account once your direct deposit and automatic payments are processing through your new Forte Bank account, and you've verified that all outstanding checks and debits have been paid.

KEEP IN TOUCH

If you need help switching over to your new account, please call us! We are happy to talk you through the process and answer any questions you have.

Hartford 262-673-5800

Richfield 262-628-5500

Slinger 262-644-7606





WRITE IT DOWN

Use this tool to keep track of your new a payments you need to switch to Forte E		ccount num	nbers as well as	all of	the automatic	
NEW Forte Bank Account Number:	odik.					
Routing Number: 075902463						
Branch addresses:						
	Richfield			Slinger	•	
116 W. Sumner Street	1297 State Hwy 175				Washington Street	
Hartford, WI 53027	Hubertus,	WI 53033	Slinger,		, WI 53086	
Direct Deposits and Automatic Paymer	nts					
To help you keep track of what transacti account statements from your old bank. and insurance payments.						
Di	rect Dep	osits or Pa	yroll			
Company Name		Deposit Amount		Frequency		
		I				
	Automa	tic Paymen	ts			
Company Name	Account	Number	Payment Amount		Frequency	
Keep Tabs on Your Old Account						
Verify that all of your automatic paymer that all outstanding checks and debits h jot down your old account information h	ave beer					
Financial Institution:						
Account Number:						
Routing Number:						





NEW DIRECT DEPOSIT

Complete this form and provide it to any company requiring written authorization to automatically deposit funds into your account. Some employers or agencies may require that you use their standard

company form. Company Name: _____ Address: City, State, ZIP: Please update my direct deposit account information to the following: Address: City, State, ZIP: Phone Number: **New direct deposit information:** NEW Forte Bank Account Number: __ Routing Number: 075902463 Account Type: Checking Savings Hartford Richfield Slinger 1297 State Hwy 175 116 W. Sumner Street 439 E. Washington Street Hartford, WI 53027 Hubertus, WI 53033 Slinger, WI 53086 **Authorization:** I authorize you to switch my direct deposit to my new Forte Bank account. Signature:

Please attach a **VOIDED CHECK** from your new Forte Bank account when submitting this form.





Date: ____

AUTOMATIC PAYMENTS

Complete this form and provide it to any company requiring written authorization to automatically

Witharaw Turias I	rom your accc	unt.		
Company Name: _				
To Whom It May	Concern:			
•		tomatic payments to m	y new Forte Bank account.	
radinonizo you co	o avvicari iriy da	comació paymonto to m	y new rente Bank account.	
Name:				
Address:				
You currently are w	vithdrawing:	Total Amount Due	A Set Payment Amount	
Please switch my	, automatic p	ayment to this account:		
_	•			
Routing Number: C				
Account Type:	Checking	Savings		
Signature:				
Date:				
Date				

Please attach a **VOIDED CHECK** from your new Forte Bank account when submitting this form.





CLOSE ACCOUNT AUTHORIZATION

Complete this form and provide it to your former financial institution giving them written authorization

to close the ac	ccounts below.			
Financial Institu	ution:			
Address:				
To Whom It M	1ay Concern:			
This letter serv	ves as authorization	•	account(s) listed below with your institution. Plea g balance and accrued interest (if applicable).	ise
Name on Accou	unt:			
Last 4 digits of	Social Security Num	ber:		
Name on Accou	unt:			
Last 4 digits of	Social Security Num	ber:		
Account Number	er:			
	Account Type:	Checking	Savings	
Account Number	er:			
	Account Type:	Checking	Savings	
Please send a	III closing balances	to:		
Name:				
Authorization	A.			
Signature:				
Date:				



