



Switch to Banking as it Should Be

Carthage

3rd & Maple
358-9331
Fax 358-7401

2417 S. Grand
358-1770
Fax 358-4081

Joplin

32nd & McClelland
623-5255
Fax 623-8553

32nd & Indiana
624-1995
Fax 623-2236

Range Line & Zora
206-6800
Fax 782-4277

Stones Corner
623-0400
Fax 623-4354

Duquesne

7th & Duquesne
623-5959
Fax 659-9054

Neosho

110 N. Neosho Blvd.
451-7800
Fax 451-7942

South Hwy. 59
451-7700
Fax 455-0727

Jasper

101 E. Grand
349-2546
Fax 394-2486

Alba

Fox & High
525-4218
Fax 525-4719

Let the SMB team be your financial advisor for today and tomorrow, offering you banking as it should be. Southwest Missouri Bank offers friendly and fast service, local decision making, free checking, free online banking, free online bill payment, and over 40 ATMs in Southwest Missouri to serve you. In short, SMB people and services will help you manage your finances today and plan for your financial future.

Inside you'll find all you need to become a valued SMB customer:

- Tips to Make the Switch Easy
- New Account Application
- Direct Deposit Switch Authorization
- Automatic Payments/Transfers
- Account Closing Notification for your old bank

Simply visit any branch and our SMB team will promptly open your new accounts.

We Can Do That!

Easy Switch

- Open new account(s) at Southwest Missouri Bank
- Change direct deposit (form enclosed)
- Apply for Ready Cash Reserve (application enclosed)*
- Change all automatic payments/transfers to your new account (form enclosed)
- Sign up for SMBonline and BillPay (form enclosed)
- Start using your new SMB account for all activity
- Ask us about mortgages, home equity and other loans, whether you need a new loan or refinancing*
- When all checks and automatic payments have cleared, send account closing notification (form enclosed)

*credit approval required

Member
FDIC





New Account Information

Personal Accounts

Individual Account Joint Account

Contact Information

Primary Account Holder

Joint Account Holder

Name _____ / _____

Home address _____ / _____

Mailing address _____ / _____

Town/State/Zip _____ / _____

Evening phone _____ / _____

Daytime phone _____ / _____

Email address _____ / _____

Employer _____ / _____

Identification

Social Security # _____ / _____

Date of Birth _____ / _____

Mother's Maiden Name _____ / _____

Please indicate what products or services you would like us to discuss with you.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> CDs/IRAs | <input type="checkbox"/> SMBonline |
| <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Debit Card | <input type="checkbox"/> ATM Card | <input type="checkbox"/> Bounce Protection |
| <input type="checkbox"/> Ready Cash Reserve* | <input type="checkbox"/> Phone Banking | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Health Savings |
| <input type="checkbox"/> Personal Loans* | <input type="checkbox"/> Auto Loans* | <input type="checkbox"/> Mortgages* | <input type="checkbox"/> Home Equity Loans* |
| <input type="checkbox"/> Investment Services | <input type="checkbox"/> Trust Services | <input type="checkbox"/> Business Services | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <i>Lifestyles</i> , Banking Extras for Those Over 50 | | | |

Primary Account Holder Signature Date

Joint Account Holder Signature Date

All applications are subject to approval including through ChexSystems. Additional information may be requested before account opening is complete. All account holders must apply in person before account opening process is complete. Official account signature cards are required. *Credit approval required.



Direct Deposit Switch Authorization

To Company/Employer _____

From (Account Holder) _____

Account Holder Address _____

City/State/Zip _____

Social Security Number _____

Effective _____, please change my direct deposit to: (accounts below)

Southwest Missouri Bank
P.O. Box 814
Carthage, MO 64836

ABA-Routing/Transit Number 101203641
phone 1.800.943.8488

Checking Account # _____ Amount or % of Deposit _____

Checking Account # _____ Amount or % of Deposit _____

Savings Account # _____ Amount or % of Deposit _____

Savings Account # _____ Amount or % of Deposit _____

Effective _____, please discontinue my direct deposit to:

Institution _____

Account #s _____

I authorize these direct deposit changes effective the dates noted above. These new instructions remain in effect until I request otherwise in writing. I authorize Southwest Missouri Bank to make credit and adjustment entries to my account(s).

Signature of Employee or Retiree

Date

Print Name of Employee or Retiree

If allowed by your employer, you may use this form as-is. If your employer has its own form this is the information you will need for them. Questions? Call your Southwest Missouri Bank Customer Support toll free 1.800.943.8488. For Federal Government Direct Deposits: Social Security 1-800-772-1213 or www.ssa.gov/deposit/ Federal Employees 1-888-767-6738 Veteran's Benefits 1-877-838-2778 Railroad Retirement 1 800-808-0772



Automatic Payments / Transfers

To Company/Vendor _____

Vendor Account Number _____

From Account Holder _____

Account Holder Address _____

City/State/Zip _____

I have changed banks and request that my automatic withdrawal be switched from my old account to my new account at Southwest Missouri Bank.

Old Automatic debit coming from **Old** Account # _____

Financial Institution _____

New Automatic debit to come from **New** Account # _____

Southwest Missouri Bank

P.O. Box 814

Carthage, MO 64836

Phone 1.800.943.8488

ABA-Routing/Transit Number is 101203641

I authorize these changes effective today. These new instructions remain in effect until I request otherwise in writing.

Customer Signature

Date

Customer Printed Name

Account Closing Letter

_____ date

To: _____
name

_____ address

Re: Request to close accounts

I have recently changed banks. Please close the accounts listed below and send a check, including all accrued interest, to account holder's address below or to Southwest Missouri Bank, P.O. Box 814, Carthage, MO 64836.

Account Numbers / Account Type

_____ Checking / Savings / Money Market

_____ Checking / Savings / Money Market

_____ Checking / Savings / Money Market

_____ Checking / Savings / Money Market

Account Owner Information and Authorization

_____ Account Holder Name

_____ Address

_____ City

_____ State

_____ Zip

_____ Telephone Number

Authorization to close the accounts noted above

_____ Account Holder signature

_____ Print Name