

SWITCH  
TO



**VIKING**  
BANK



# FOUR EASY STEPS TO **SUCCESS**

## STEP 1

### **OPEN AND START USING YOUR VIKING BANK ACCOUNT.**

We will partner with you to help you choose the accounts and services that best fit you.

## STEP 2

### **CREATE YOUR ELECTRONIC TRANSACTION CHECKLIST.**

It only takes a minute to review your old account for direct deposits and automatic payments. Use the enclosed Transaction Checklist to identify all direct deposits and automatic payments.

## STEP 3

### **CHANGE ONLINE AND RECURRING DEPOSITS AND WITHDRAWALS.**

Use the Transaction Checklist to change all direct deposits and automatic payments to your new Viking Bank account. Be sure to remember automatic payments from your debit card. While most direct deposit or automatic payments can be changed online or by phone, paper change forms are also included in this kit for your convenience.

## STEP 4

### **CLOSE YOUR FORMER ACCOUNT.**

After all of your checks have cleared and your direct deposits and automatic payments begin posting to your new Viking Bank account, complete and send the Request to Close Account(s) form to your former bank. We will be happy to assist you with completing and sending the form. Some institutions may require additional information.

If you have additional questions, don't hesitate to call us at 320-762-0236. We are here to eliminate the hassles, to make your switch easy.

# ELECTRONIC TRANSACTION CHECKLIST



DIRECT DEPOSITS: LIST ALL DIRECT DEPOSITS TO YOUR ACCOUNT(S).

Deposit Type	Company or Institution Name	Account Number	Amount	Date	Completed ✓
Employer Payroll					
Social Security					
Pension/Retirement Plan					
Investment/Brokerage					
Other:					
Other:					
Other:					

AUTOMATIC PAYMENTS/TRANSFERS: LIST ALL WITHDRAWALS FROM YOUR ACCOUNT(S).

Withdrawal Type	Company or Institution Name	Account Number	Amount	Date	Completed ✓
Home/Auto Insurance					
Life Insurance					
Gas/Electric					
Telephone/Cell					
Water					
Cable/Satellite/Internet					
Mortgage/Rent					
Auto Loan					
Home Equity Loan					
Personal Loan					
Credit Card					
Other:					
Other:					
Other:					
Other:					

# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

**NOTE:** Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

I have recently changed banks and would like to have the direct deposit of my payroll changed to my new account. Please discontinue transactions to my old account and begin using my new Viking Bank account immediately.

EMPLOYEE LAST NAME

FIRST NAME

MIDDLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMPLOYEE ID #

## MY NEW ACCOUNT INFORMATION:

ACCOUNT TYPE:  CHECKING  SAVINGS

ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER/ABA # 291971430

I hereby authorize \_\_\_\_\_ (company name) to make deposits to my Viking Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

EMPLOYEE SIGNATURE

DATE



# DIRECT DEPOSIT AUTHORIZATION FORM

**NOTE:** Check with your direct depositor to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check (if applicable) from your new account to this form and provide it to your direct depositor.

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT NUMBER

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Viking Bank account immediately.

LAST NAME

FIRST NAME

MIDDLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

## MY NEW ACCOUNT INFORMATION:

ACCOUNT TYPE:  CHECKING  SAVINGS

ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER/ABA # 291971430

I hereby authorize \_\_\_\_\_ (company name) to make deposits to my Viking Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

SIGNATURE

DATE



# AUTOMATIC PAYMENT AUTHORIZATION FORM

**NOTE:** Check with your payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

COMPANY NAME

COMPANY ADDRESS

CITY STATE ZIP CODE

ACCOUNT NUMBER PAYMENT TYPE

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Viking Bank account immediately.

LAST NAME FIRST NAME MIDDLE

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

## MY NEW ACCOUNT INFORMATION:

ACCOUNT TYPE:  CHECKING\*  SAVINGS

ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER/ABA # 291971430

## OR

CARD TYPE:  DEBIT  CREDIT

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (payee/company name) to initiate payments from my Viking Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

SIGNATURE DATE

\*For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.



# REQUEST TO CLOSE ACCOUNT(S)

TO (FORMER FINANCIAL INSTITUTION): \_\_\_\_\_

FROM (NAME OF ACCOUNT HOLDER(S)): \_\_\_\_\_

Please accept this letter as written authorization to close the following account(s) at your financial institution. All outstanding transactions have cleared and electronic deposits and withdrawals have been discontinued.

Please issue a check for any remaining balance and send it to my attention at the following address:

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Please close the following account(s):

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

Thank you.

\_\_\_\_\_  
SIGNATURE DATE