



Personal Account Switch Kit

It is our goal at Liberty Bank to make it as simple as possible for you to transfer over your personal accounts. For added convenience, we have included all of the required forms in this switch kit.

Simply follow these steps:

Step 1 - About You

Complete the Consumer Account Application and provide copies of your government issued identification, trust documents (if applicable), and power of attorney (if applicable).

Step 2 - Visit Liberty Bank

We are available by appointment if you would like to meet face to face during office hours. You can also send us everything electronically via secure email or fax. A Professional Banker will review your documents and assist you in selecting the accounts and services that are right for you.

Step 3 - Direct Deposits

Complete the enclosed Direct Deposit Change Form and provide copies to your Employer, Pension Plan Administrator, and/or Social Security Administration Office.

Step 4 - Automatic Payments

Complete the enclosed Automatic Payment Transfer Form. Mail a copy of this form, along with a cancelled check from your new Liberty Bank account, to every business and merchant who debits your account for payment.

Step 5 - Don't Forget

Wait 30 days to close your old accounts. Make sure that sufficient funds remain in the account to cover any outstanding transactions. Once you are certain that everything has cleared, we have provided a closing letter to assist in the process of closing your old accounts.

Consumer Accounts

Account Features	Essential Checking	Interest Checking ¹	Student Checking ²	Essential Plus Checking ³
Minimum Opening Deposit	\$100.00	\$100.00	\$100.00	\$100.00
Interest Bearing	No	Yes	No	No
Tiered Rates	No	Yes	No	No
Monthly Service Fee	\$5.00	\$10.00	No	No
Minimum Average Balance Required to Waive Service Fee	\$100.00 or Direct Deposit	\$5,000.00	N/A	N/A
Transaction Fees	N/A	N/A	N/A	N/A
Domestic ATM Charges	Waived	Waived	Waived	Waived
Online & Mobile Banking	Included	Included	Included	Included
E-Statements, Check Images & Notices	Included ⁴	Included ⁴	Included ⁴	Included ⁴
Additional Benefits	Unlimited Transactions, 1st box of standard checks free	Unlimited Transactions, 1st box of standard checks free	Unlimited Transactions, 1st box of standard checks free	Unlimited Transactions, 2 boxes of standard checks/per year

¹ Interest Checking - Tier 1 - \$0.01-\$4,999.99, Tier 2 - \$5,000.00-\$9,999.99, Tier 3 - \$10,000.00-\$24,999.99, Tier 4 - \$25,000.00 and up.

² Students under the age of 18 must have a legal guardian joint on the account. Students over 18 must provide proof of continued education.

³ Individual must be 55 or older.

⁴ Must be registered for online banking to access e-statements and notices.

Account Features	Essential Savings	Money Market	Premium Money Market	Student Savings ¹	Essential Plus Savings ²
Minimum Opening Deposit	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Interest Bearing	Yes	Yes	Yes	Yes	Yes
Tiered Rates	No	Yes ³	Yes ⁵	No	No
Monthly Service Fee	\$5.00	\$10.00	\$10.00	No	No
Minimum Average Balance Required to Waive Service Fee	\$500.00	\$10,000.00	\$10,000.00	N/A	N/A
Transaction Fees	N/A	N/A	N/A	N/A	N/A
Domestic ATM Charges	Waived	Waived	Waived	Waived	Waived
Online & Mobile Banking	Included	Included	Included	Included	Included
E-Statements & Notices	Included ⁴	Included ⁴	Included ⁴	Included ⁴	Included ⁴
Additional Benefits	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals

¹ Students under the age of 18 must have a legal guardian joint on the account. Students over 18 must provide proof of continued education.

² Individual must be 55 or older.

³ Money Market - Tier 1 - \$0.01-\$9,999, Tier 2 - \$10,000-\$24,999, Tier 3 - \$25,000-\$74,999, Tier 4 - \$75,000 - \$149,999, Tier 5 - \$150,000 - \$499,999, Tier 6 - \$500,000 and up.

⁴ Must be registered for online banking to access e-statements and notices.

⁵ Premium Money Market - Tier 1 - \$0.01-\$9,999, Tier 2 - \$10,000-\$24,999, Tier 3 - \$25,000-\$74,999, Tier 4 - \$75,000- \$149,999, Tier 5 - \$150,000 - \$499,999, Tier 6 - \$500,000 - \$999,999, Tier 7 - \$1,000,000 - \$1,999,999, Tier 8 - \$2,000,000 and up. Must have an open and active personal checking account.

Account Features	Certificate of Deposit		
Terms	90 - 364 Day	12 - 35 Month	36 + Month
Minimum deposit of \$2,500. A penalty for early withdrawal. Jumbo CDs minimum deposit of \$100,000.			

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DATE _____

ACCOUNT NUMBER(S) _____

Account Type:

- Essential Checking
- Interest Checking
- Student Checking
- Essentials Plus Checking
- Safe Deposit Box

- Money Market
- Savings
- Student Savings
- Essentials Plus Savings
- Certificate of Deposit term: _____
- IRA/SEP/HSA apy: _____

Account Services:

- Visa Debit Card
- Online Banking
- Credit Card
- Overdraft Protection

Consumer Account Application

Customer Name (First, Middle, Last)		TIN	
Physical Address		City, State	Zip
Mailing Address		City, State	Zip
Identification #	Issue Date	Expiration Date	Type
Primary Phone	Cell Phone or Work Phone		Date of Birth
Email Address		Password for Identification Verification	Shareholder Y or N
Occupation (Business name & Title)	Mother's Maiden Name	City, State of Birth	

Payable on Death Beneficiary (Optional)			
POD #1 Name:	Phone:	DOB:	TIN:
Address:			
POD #2 Name:	Phone:	DOB:	TIN:
Address:			

"to better understand your needs..."

What is the expected activity for this account: (ex. Payroll ACH, ATM, Wires, Cashier's Checks)

Avg Monthly Balance:	Avg \$ Cash Deposit/each:	Avg \$ Cash Withdrawal/each:	
# of ACHs per month:	Avg \$ ACH/each:	ACHs Origination:	<input type="checkbox"/> U.S. <input type="checkbox"/> International
# of Wires per month:	Avg \$ Wire/each:	<input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing	<input type="checkbox"/> U.S. <input type="checkbox"/> International
# of Cashiers Checks/month:	Avg \$ Cashiers Check/each:	Why did you choose Liberty Bank?	

--- Bank Use Only ---

Source of funds:	Opening Deposit:	BSA-Risk Code:
<input type="checkbox"/> ChexSystems/OFAC <input type="checkbox"/> Online Access	<input type="checkbox"/> Checks Ordered <input type="checkbox"/> OD Protection	

Uploaded/Completed By _____ Date _____

New Account Audit Record						
<input type="checkbox"/>	Customer Name	<input type="checkbox"/>	Address/Phone	<input type="checkbox"/>	BSA Boxes completed	Comments:
<input type="checkbox"/>	TIN/SSN	<input type="checkbox"/>	Date of Birth	<input type="checkbox"/>	How funded & total	
<input type="checkbox"/>	Beneficiary Name	<input type="checkbox"/>	MMN	<input type="checkbox"/>	ChexSystems/OFAC	
<input type="checkbox"/>	TIN/SSN	<input type="checkbox"/>	Place of Birth	<input type="checkbox"/>	Copy of ID	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Sig Card Signed	
Audited By _____		Date _____				

Automatic Payment Request

Date: _____

To: _____
Name of Company/Organization

Please update our automatic payment to be processed from our new bank account.

Account Type: Checking Savings

Effective: Immediately Beginning ____/____/____

New Bank Account Information/Authorization

Account #: _____ Bank Name: Liberty Bank Routing #: 125108984

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

Signature of Authorized Signer

Date

Printed Name of Authorized Signer

Direct Deposit Change Request – Non Government

Please submit to any company/employer that automatically deposits money into your bank account.

Date: _____

To: _____
Name of Company/Organization

Address: _____

To Whom It May Concern;

I am closing my bank account from which you are authorized to make direct deposits. Please credit my new bank account for future deposits as instructed below:

New Bank Account Information/Authorization

Account Type: Checking Savings

Effective: Immediately Beginning ____/____/____

New Account #: _____ Routing #: 125108984

Accountholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

Signature

Date

Print Name

Request to Close Account

Date: _____

To: _____
Name of Financial Institution

Attn: Customer Service Department

RE: Account #: _____

Please close my account(s) with your financial institution. To my knowledge there are no outstanding checks that need to clear against the balance and all automatic deposits and withdrawals have been stopped.

Please send me the remaining balance in the form of a cashier's check to the address on file.

Please contact me if you have any questions regarding this request.

Thank you,

Authorized Signer

Date

Printed Name of Authorized Signer

Phone Number