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
 Richfield
 Slinger
 West Bend

 262-673-5800
 262-628-5500
 262-644-7606
 262-450-4200





WRITE IT DOWN

Use this tool to keep track of you switch to Forte Bank.	our new and old accoun	t numbers as v	well as all of the a	automatic payments you r	need to
NEW Forte Bank Account Number	:				
Routing Number: 075902463					
Branch addresses:					
Hartford 116 W. Sumner St. Hartford, WI 53027	Richfield 1297 State Hwy 175 Hubertus, WI 53033	439	ger E. Washington St. ger, WI 53086	West Bend 555 Wildwood Ro West Bend, WI 53	
Direct Deposits and Automati	c Payments				
To help you keep track of what from your old bank. Don't forge					ements
	Direct De	posits or Payı	roll		
Company Name	ompany Name		unt	Frequency	
		atic Payments			
Company Name	Account	Number	Payment Amour	nt Frequency	
Keep Tabs on Your Old Account Verify that all of your automatic outstanding checks and debits account information here:	payments are processir have been paid before	closing your c	old account. For re		old
Financial Institution:					





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: Name: Address: _ City, State, ZIP: Phone Number: New direct deposit information: NEW Forte Bank Account Number: Routing Number: 075902463 Account Type: Checking Savings Richfield **West Bend** Hartford Slinger 116 W. Sumner St. 1297 State Hwy 175 439 E. Washington St. 555 Wildwood Rd. Hartford, WI 53027 Hubertus, WI 53033 Slinger, WI 53086 West Bend, WI 53090 **Authorization:** I authorize you to switch my direct deposit to my new Forte Bank account.

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

Signature:





Date: ____

AUTOMATIC PAYMENTS

Complete this form and provide it to your account.	any company requiring v	vritten authorization to automatically withdraw funds fron	n
Company Name:			_
Address:			_
City, State, ZIP:			_
To Whom It May Concern:			
I authorize you to switch my automa	tic payments to my new F	Forte Bank account.	
Name:			
			_
			_
Phone Number:			_
Account Number with your Company:			_
You currently are withdrawing:	Total Amount Due	A Set Payment Amount	_
Please switch my automatic paym	ent to this account:		
New Forte Bank Account Number:			
Routing Number: 075902463			
Account Type: Checking	Savings		
Signature:			
			_
Dutc.			_

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





CLOSE ACCOUNT AUTHORIZATION

Complete this form accounts below.	and provide it to	your former financial i	nstitution giving them written a	uthorization to close the
Financial Institution:				
Address:				
City, State, ZIP:				
To Whom It May C	Concern:			
			nt(s) listed below with your inst ccrued interest (if applicable).	itution. Please issue a ca-
Name on Account:				
Last 4 digits of Socia	al Security Number:			
Name on Account:				
Last 4 digits of Socia	al Security Number:			
Account Number:				
	Account Type:	Checking	Savings	
Account Number:				
	Account Type:	Checking	Savings	
Please send all cle	osing balances to	:		
Name:				
Authorization:				
Signature:				
Signature:				
Date:				



