Make the move to Flora Savings Bank in just five easy steps!

We recommend keeping your current account open until you've changed your direct deposits and auto payments (forms are included). Once everything is transitioned, then close your current account. We are here to help!
Call 618-662-2177 or email support@florasavings.com.

1

Open your Flora Savings Bank account.

You can call or stop by the bank to speak with a New Account Representative. You will need a valid photo ID with your current address, and your social security card. If your photo ID address does not match your current address, a utility bill works as verification of address. We'll get you setup with online & mobile banking, a debit card, e-statements, account alerts, etc.

2

Start using your new account. Stop using your old account.

You will want to keep your old account open until your Direct Deposits and automatic payments take effect and until ALL outstanding checks clear. Keep your old account number handy. You will need it to close your account later.

3

Change your direct deposits.

Give the "Direct Deposit Change" form to your employer or other payment source so that your funds can be automatically deposited into your new account. For Social Security/SSI changes you may also call 1-800-772-1213 (ssa.gov/deposit/howtosign.htm). For Veteran's Benefits, call 1-877-838-2778 or 1-800-827-1000 (va.gov). For the Railroad Retirement Board, call 1-800 -808-0772 (rrb.gov). For the Office of Personnel Management, call 1-888-767-6738 (opm.gov).

4

Change your automatic payments.

Use the attached form to change all automatic withdrawals or automated payments. These include payments made using your old debit card number.

5

Close your old account.

If you use online billpay, you might want to set up your billers in your new online billpay before closing your old account. Use the attached "Account Closure Notice" to notify your old financial institution about the accounts you are closing and to give them directions for any remaining funds that may be left in your old account.

FLORA
SAVINGS BANK

COMMUNITY PARTNERS SB

- **Corporate Office** | 1419 W Main St, Salem, IL 62881
- **First Pekin Savings Bank** | 532 Court St, Pekin, IL 61554 • 347-3106 • firstpekinsavings.com
- **Flora Savings Bank** | 128 W Second St, Flora, IL 62839 • 662-2177 • florasavings.com
- **Marion County Savings Bank** | 301 W Main St, Salem, IL 62881 • 548-3440 • marioncountysavings.com

Direct Deposit Change

Complete this form and submit it to any company or organization who is automatically depositing funds to your existing account, including payroll, pension, and dividends.

TO: Company Name : _____

Address : _____

City, State, Zip : _____

To Whom It May Concern:

I've recently changed my banking relationship to Community Partners SB. Please redirect my direct deposit into my new account, as follows:

Name : _____

Address : _____

City, State, Zip : _____

Social Security Number : _____

New Bank Name : _____

New Bank Routing Number : **281271454**

New Bank Account Number : _____

Account Type : ☐ Checking ☐ Savings

I hereby authorize to have my direct deposit switched to my account with Community Partners SB.

Signature : _____ Date : _____

MEMBER FDIC

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Automatic Payment Change

Form Instructions: If changes cannot be made via phone or internet, complete this form and submit it to any company or organization who is automatically withdrawing payment from your existing account. Include a voided check or deposit slip when sending to vendor.

Company Name : _____

Company Address : _____

City, State, Zip : _____

Company Account #: _____

Payment Amount: _____

To begin on: Current Scheduled Date or New Payment Date of ____/____/____

New Financial Institution

Please redirect my automatic payment to come from my new account at the above chosen location:

New Bank Routing Number: **281271454**

New account information:

☐ Checking Account #: _____

☐ Savings Account #: _____

☐ Debit Card Card #: _____

Effective ____/____/____, I hereby authorize to change my automatic payments to the company listed above to come from my account at Community Partners SB.

Name (print): _____

Address : _____

City, State, Zip : _____

Social Security Number (last 4 digits): _____

Signature : _____ Date : _____

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Account Closure

Complete this form and submit it to your previous financial institution. Make sure all checks have cleared your account first. Note: Individual Retirement Accounts require additional paperwork for tax purposes.

TO: Financial Institution: _____

Address : _____

City, State, Zip : _____

From: Primary Account Holder: _____

Social Security Number: _____

Secondary Account Holder: _____

This letter serves as a request and authorization to close the following accounts with your institution:

Account # _____ Account Type: _____

Account # _____ Account Type: _____

Account # _____ Account Type: _____

Account # _____ Account Type: _____

Please mail remaining balance to:

_____

_____

_____

Signature : _____ Date : _____

MEMBER FDIC