

# Guaranty Bank

## *Easy 1-2-3 Switch Kit*

1341 W. Battlefield | Springfield, MO | 417-520-4333 | [www.gbankmo.com](http://www.gbankmo.com) | Member FDIC

Looking for a change? We make switching your accounts to Guaranty Bank as easy as 1-2-3. This kit includes everything you need for a hassle free, **Easy** change. Follow these three steps:

- ◆ Complete the Easy Switch Kit.
- ◆ Gather the additional information listed in the kit.
- ◆ Stop by any Guaranty Bank branch and a Personal Banker will help you complete the process.

Guaranty Bank offers a full line of financial services to meet your needs. Print and complete the attached information. Bring your **Easy** Switch Kit into any Guaranty Bank location, along with the following additional information, and let one of our Personal Banking Representatives help you open the accounts that best suit your needs.

### **ID Requirements for New Customers. You will need one of the following:**

- ◆ Missouri State Drivers License (unexpired)
- ◆ Non-Driver Missouri State ID Card (unexpired)
- ◆ Driver's License from another U.S. State (unexpired)
- ◆ Passport (bearing nationality or residence & photo)
- ◆ U.S. Military ID Card

***\*\*You will also need your Social Security Number and your Initial Opening Deposit.\*\****

### **FREE Checking & Guaranty Advantage Account Benefits:**

- ◆ NO Monthly Service Charge
- ◆ FREE First Box of Bank Checks With Completed Switch Kit
- ◆ FREE Unlimited Check Writing
- ◆ FREE Visa ATM/Check Card and Mini Visa Check Card
- ◆ FREE Access to Over 100 Area TransFund® ATMs
- ◆ FREE Internet Banking and On-Line Bill Pay
- ◆ FREE 24-Hour Teller Phone Access
- ◆ FREE Local Customer Call Center

### **NEW Guaranty Advantage High Interest Checking:**

- ◆ 4.00% APY\* on balances up to \$30,000\*\*
- ◆ Receive refunds on ATM fees—up to \$5 per month\*\*
- ◆ Get a nickel back for every swipe and sign Visa Check Card transaction\*\*\*
- ◆ Requirements are minimal.\*\*
  - Open with \$50, no minimum balance requirement
  - Have 15 checkcard transactions each statement cycle
  - Have a least one direct deposit each statement cycle
  - Use Online Banking and E-Statements

\*Annual Percentage Yield (APY) accurate as of January 19, 2010. \*\*Requirements must be met to earn 4.00% APY and ATM refunds. Earn 0.10% APY on balances over \$30,000 or on entire monthly balance if requirements are not met. \*\*\*Earn 5¢ on each signature-based Visa Check Card transaction (PIN & ATM transactions excluded). Fees could reduce earnings.

# Account Information

**Guaranty Bank**  
1341 W. Battlefield  
Springfield, MO 65807  
417-520-4333  
www.gbankmo.com

\_\_\_\_\_ Individual Account

Primary Account Holder

Full Legal Name (First, Middle, Last)

Physical Address

( ) ( )

Home Phone

Work Phone

Mailing Address

City, State, Zip

Social Security #

Driver's License #

State & Expiration Date

Date of Birth

Mother's Maiden Name

Employer

\_\_\_\_\_ Joint Account

Joint Account Holder

Full Legal Name (First, Middle, Last)

Physical Address

( ) ( )

Home Phone

Work Phone

Mailing Address

City, State, Zip

Social Security #

Driver's License #

State & Expiration Date

Date of Birth

Mother's Maiden Name

## Requested Services:

\_\_\_\_\_ Guaranty Advantage High Interest Checking

\_\_\_\_\_ Guaranty's Traditional Interest Checking

\_\_\_\_\_ Eagle Checking, for our customers 50 years and over

\_\_\_\_\_ Free Checking, all the benefits with no minimum balance

\_\_\_\_\_ Money Market, earn a great interest rate and be able to write a limited number of checks

\_\_\_\_\_ Savings, Hi Yield - Regular - Minor

\_\_\_\_\_ Certificate of Deposit, maximize your earnings with an investment term from 3 months to 72 months

\_\_\_\_\_ Visa ATM/Check Card - member of TransFund® ATM Network with free access to over 100 area ATMs

# Switch Kit Resources

**Guaranty Bank**  
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The following forms are available in this kit to help you make a smooth transition to Guaranty Bank. Make as many copies of each form as needed:

## ◆Direct Deposit

Use this form to set up or switch your payroll direct deposits, pension benefits, distributions from retirement plans (IRAs and Annuities), and other forms of direct deposit. Submit it to your employer or other income source for processing. If you have a 1-800 number please bring it in; these changes may be able to be handled over the phone at account opening.

**\*\*\*Attach a voided check when submitting this form.\*\*\***

## ◆Automatic Payment

Use this form to set up or switch automatic payments that will be deducted from your Guaranty Bank account. Examples of this type of automatic payment may include insurance, utility, cable, telephone or online services.

**\*\*\*Attach a voided check when submitting this form.\*\*\***

## ◆Account Closing Request

Use this form to notify your former bank that you are closing your account. Stop using your old account immediately. After all outstanding checks, automatic withdrawals or automatic deposits have cleared, you are ready to close your former account. This process may take several weeks. Once you are sure your old account is inactive, simply complete and submit this Account Closing Request to close your account and forward any remaining balance to you. Once you receive the balance, you can then destroy your old ATM or debit card and any unused checks or deposit slips.

At Guaranty Bank, we want to make sure that we are meeting your banking needs. If you need assistance, please contact your Personal Banker directly or contact a customer service representative at 417-520-0260. Our customer service representatives are available to serve you Monday through Friday 8 a.m. to 6 p.m. and on Saturday from 9 a.m. to noon.

Thank you for choosing Guaranty Bank!

# Direct Deposit

**Guaranty Bank**  
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www.gbankmo.com

**\*\*\*Attach a voided check when submitting this form.\*\*\***

Date: \_\_\_\_\_

\_\_\_\_\_  
Employer or Depositor's Name

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_ Deposit entire amount to checking account #: \_\_\_\_\_

\_\_\_\_ Deposit entire amount to savings account #: \_\_\_\_\_

\_\_\_\_ Deposit \$ \_\_\_\_\_ to savings account #: \_\_\_\_\_

and remaining amount to checking account #: \_\_\_\_\_

## To Whom It May Concern:

You are currently depositing to the following account:

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Effective: \_\_\_\_\_ (date) please stop making direct deposits to that account and switch them to:

**Guaranty Bank**

**Routing Number: 286573335**

**Account Number: See Above**

I authorize \_\_\_\_\_ to make deposits directly to my Guaranty Bank account (s) indicated above, and to make adjustments to my account for any error if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Home Address (Street, City, State, Zip)

# Automatic Payment

**Guaranty Bank**  
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**\*\*\*Attach a voided check when submitting this form.\*\*\***

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Company making automatic withdrawal

\_\_\_\_\_  
Address (Street, City, State, Zip)

**Please stop making withdrawals from account:**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

Effective immediately please take them from:

**Guaranty Bank**

**Routing Number: 286573335**

**Account Number: \_\_\_\_\_**

I authorize \_\_\_\_\_ to make direct withdrawals from my Guaranty Bank account indicated above, and to make adjustments to my account for any error if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Home Address (Street, City, State, Zip)

# Account Closing Request

**Guaranty Bank**  
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Date: \_\_\_\_\_

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address (Street, City, State and Zip)

I hereby request that my account \_\_\_\_\_ (account number) be closed immediately. Please forward a check for the remaining balance to the address listed below.

If this form is not sufficient to authorize the closure of my account, please forward the appropriate authorized form to the address listed below for my signature.

Thank you for your cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joint Account Holder (if required)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Joint Account Holder's Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Date: \_\_\_\_\_