



Getting Started

Let us do the work for you! Complete this Quick Switch Kit form and return it to Citizens State Bank by mail or bring it back to a relationship banker. We'll get the paper work ready for you. Stop back in to see a relationship banker, sign forms and make a deposit.

Primary Account Holder Information

Name: _____
 Address line 1: _____
 Address line 2: _____
 City: _____ State: _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Social Security Number: _____
 Driver's License Number: _____
 Issuing State: _____ Issue Date: _____ Expiration Date: _____
 E-Mail Address: _____
 Date of Birth: _____
 Employer: _____

Secondary Account Holder Information

Name: _____
 Address line 1: _____
 Address line 2: _____
 City: _____ State: _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Social Security Number: _____
 Driver's License Number: _____
 Issuing State: _____ Issue Date: _____ Expiration Date: _____
 E-Mail Address: _____
 Date of Birth: _____
 Employer: _____

Please note: Federal regulation requires that Citizens State Bank have on file, verification of customer's identification. Please be prepared to have a relationship banker or staff member verify the above information by driver's license or another photo ID.

The above information I/we have provided is correct the best of my/our knowledge. I/we authorize Citizens State Bank to check credit and employment history if necessary.

 Signature Date

 Signature Date