

Switch Kit

Switching banks can feel like a daunting task but with Pioneer Bank & Trust's switch kit; it's as easy as 1 - 2 - 3!

<u>Step 1:</u>

Open your new Pioneer Bank & Trust account today and stop using your old bank account. Click here for an application. Drop your completed application off at one of our six convenient locations.

<u>Step 2:</u>

Complete the necessary automatic withdrawal forms and direct deposit forms which include your new Pioneer Bank & Trust account information.

<u>Step 3:</u>

Once you've done the heavy lifting, kick back, relax and enjoy your Pioneer Bank & Trust relationship! Thanks for choosing a Local bank with over 100 years of banking service to the communities they serve.

The attached forms can be completed using the following information:

Pioneer Bank & Trust Routing Number: 091408763

Checking Account Number:

Checking Account Number:

Savings Account Number: _____

Savings Account Number: _____

Money Market Account Number: _____

Loan Account Number:

Loan Account Number:





Switch Kit Checklist

Use this checklist to help you identify all automatic deposits and withdrawals that affect your account on a regular basis. Be sure you review several months statement to ensure none are missed and to help identify any items checks or authorized items that may still be outstanding.

What types of automatic Deposits currently go into your account?

- Employer Payroll
- Investment/Pension/Retirement
- Social Security
- Child Support
- Other

What types of automatic Withdrawals are currently authorized to be pulled from the account?

- Mortgage/Rent Payment
- Credit Card Payment(s)
- Student Loan(s)
- Auto Payment(s)
- Insurance
 - o Life
 - o Home
 - o Auto
- Utilities
 - o Water
 - o Gas
 - o Electric
 - o Telephone
 - Cable/Internet/Satellite
- Cell Phone
- Gym/Health Club Memberships
- Investments
- Charities
- Day Care
- Child Support
- IRA/Retirement
- Subscriptions
- Other





Direct Deposit Change Request

To whom it may concern:

I have recently switched financial institutions and request that you honor this letter as my authorization to transfer my direct deposit to Pioneer Bank & Trust with an effective date of

Pioneer Bank & Trust Routing Number: 091408763

If you have any questions regarding my request or if you require a separate authorization per your payroll/disbursements department, I may be contacted at the following phone number or mailed the necessary forms to complete at this address and fulfill my change request.

Home/Cell Phone:		Work Phone:	
Name (print):			
Mailing Address:			
City:	State:	Zip:	
Account Holder Signature	:		
(Primary):		Dated:	
Account Holder Signature			
(Joint):		Dated:	
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Automatic Payment Change Request

To whom it may concern:

I have recently switched financial institutions and request that you honor this letter as my authorization to change my automatic payment to Pioneer Bank & Trust with an effective date of ______.

Pioneer Bank & Trust Routing Number: 091408763

If you have any questions regarding my request or if you require a separate authorization per your payable department, I may be contacted at the following phone number or mailed the necessary forms to complete at this address and fulfill my change request.

Home/Cell Phone:		Work Phone:	
Name (print):			
Mailing Address:			_
City:	State:	Zip:	_
Account Holder Signatur	0'		
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(Primary):		Dated:	
Account Holder Signatur	e:		
(Joint):		Dated:	





Account Closure Authorization Request

To whom it may concern:

I have recently switched financial institutions and request that you honor this letter as my authorization to close my accounts with you effective _______. An official check with my remaining balance(s) may be mailed to me at the address below or my mailing address of record on your system.

Please close the following accounts:

Checking Account Number: _____

Checking Account Number: _____

Savings Account Number: _____

Savings Account Number: _____

Money Market Account Number: _____

If you have any questions regarding my request or if you require a separate authorization per your financial institutions procedure, I may be contacted at the following phone number or mailed the necessary forms to complete at this address or your address of record in order to fulfill my account closure request.

Home/Cell Phone:		Work Phone:	
Name (print):			
		Zip:	
Account Holder Signat			
(Primary):		Dated:	
Account Holder Signat	ture:		
(Joint):		Dated:	
If found: please mail to	: Pioneer Bank & Trust,	P.O. Box 1360 Spearfish, SD 57783	

