



Business Account Switch Kit

Welcome to Northern State Bank of Virginia! We are pleased you have chosen us to serve your banking needs. We understand that it's not always simple to switch a banking relationship. That's why we've assembled a checklist and switch kit to help you switch banks in 4 quick steps. If you need assistance, call or stop by the bank and one of our friendly Customer Service Representatives will be happy to help!

Open New Account

Stop by and open your new account to start the switch.

Direct Deposit Authorization

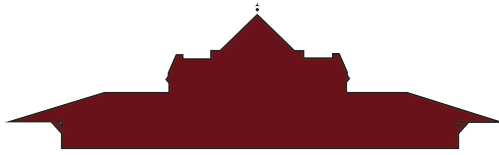
Redirect your existing direct deposits to your new account. Complete a copy of the attached **Direct Deposit Authorization** for each company that makes direct deposits into your account. You can mail the authorization directly to the company or bring it to Northern State Bank and we'll take care of it for you. Be sure to include a Northern State Bank of Virginia voided check with your form.

Automatic Payment Authorization

Complete a copy of the attached **Automatic Payment Authorization** for each company that withdraws money from your checking account for a payment. You may send the authorization directly to each company or stop by Northern State Bank of Virginia and we'll be glad to mail the authorizations for you.

Request to Close Bank Account

Make sure enough funds are in your old account to cover any automatic payments or checks that may be withdrawn. Once all outstanding items have cleared your old account and you have moved your direct deposits and automatic withdrawals you are ready to switch. Just complete the attached **Request to Close Bank Account** form and send it to your former bank or bring it to Northern State Bank of Virginia and we'll handle the rest.



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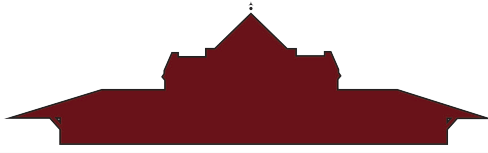
Transfer Checklist

Use this checklist to make the transition easier.

DIRECT DEPOSIT AUTHORIZATION				
Company/Financial Institution	Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete
AUTOMATIC PAYMENT AUTHORIZATION				
Company/Financial Institution	Type of Payment/Account Number/Amount	Date Mailed or Contacted	Follow-up Date	Item Complete
CLOSED ACCOUNT AUTHORIZATION				
Financial Institution	Account Number/Balance	Date Mailed or Contacted	Follow-up Date	Item Complete

HELPFUL HINTS

- Make sure that all automatic payments and direct deposit requests have been processed prior to closing your account.
- Make sure all checks have cleared your old checking account.
- Stop using your old account. Destroy unused checks, deposit slips, ATM and debit cards.
- Complete the attached forms and send them to the appropriate organizations. Other organizations may require you to complete additional forms in order to process your request.



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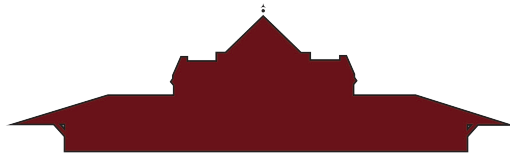
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Direct Deposit Authorization

Trade Payments · Merchant Bankcard Deposits · Royalties · Rental Payments · Investment Income

DEPOSITOR INFORMATION (The company or organization that issues the direct deposit)		
NAME OF COMPANY/ORGANIZATION:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
RECIPIENT INFORMATION (The company into whose account the direct deposit is made)		
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
BILLING ACCOUNT NUMBER:	CONTACT NAME:	PHONE NUMBER:
CURRENT BANK NAME:	ROUTING NUMBER:	ACCOUNT NUMBER:
BANK ACCOUNT INFORMATION: Please change the account to credit for direct deposit as follows:		
NORTHERN STATE BANK OF VIRGINIA ROUTINGNUMBER:		091214915
BANK ACCOUNT NUMBER:	Checking	Savings
Special Instructions:		
AUTHORIZATION: This letter serves as authorization to redirect payments to my Northern State Bank of Virginia account effective immediately:		
Account Holder Signature:		Date:
Account Holder Signature:		Date:



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Automatic Payment Authorization

Utilities • Trade Payments • Loans • Mortgage Payments

Many companies provide information on how to make a change or establish an automatic payment on their website or on their bill/statement. Federal and State Government require their forms for changing bank account information.

Send this form to each company who automatically withdraws payments from your account. Don't forget automatic payments made online. **Include a voided Northern State Bank of Virginia check.** Please allow sufficient time for your first automatic payment to be activated against your NSBOV checking account.

BILLER INFORMATION (The company or organization that receives the payment)

NAME OF COMPANY:		PHONE:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
CURRENT BANK NAME:	ACCOUNT NUMBER:	ROUTING NUMBER:	PAYMENT DATE:

COMPANY INFORMATION (The company from whose account the automatic payment is made)

NAME OF COMPANY:	TELEPHONE NUMBER:	BILLING ACCOUNT NUMBER:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
CURRENT BANK NAME:	ROUTING NUMBER:	ACCOUNT NUMBER:

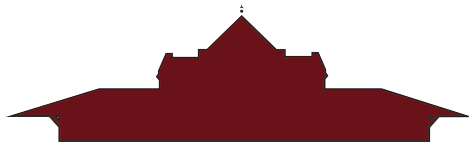
BANK ACCOUNT INFORMATION: Please change the account to debit for payment as follows:

NORTHERN STATE BANK OF VIRGINIA ROUTING NUMBER:		091214915	
BANK ACCOUNT NUMBER:	Checking	Savings	
PAYMENT AMOUNT:			

Special Instructions:

AUTHORIZATION: This letter serves as authorization to redirect my automatic payment to my Northern State Bank of Virginia account effective immediately:

Account Holder Signature:	Date:
Account Holder Signature:	Date:



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Request to Close Bank Account

This form can be used to authorize the closure of your account at your other financial institution. Before closing the account, confirm that any outstanding items have cleared and your direct deposits or automated payments are now posting to your Northern State Bank of Virginia account.

FORMER FINANCIAL INSTITUTION INFORMATION

NAME OF BANK:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PRIMARY ACCOUNT HOLDER INFORMATION

ACCOUNT NAME:

SOCIAL SECURITY NUMBER:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DAYTIME PHONE NUMBER:

Please immediately close and transfer the balances of the following account(s):

ACCOUNT NUMBER:

Checking

Savings

Other

ACCOUNT NUMBER:

Checking

Savings

Other

ACCOUNT NUMBER:

Checking

Savings

Other

Please transfer the remaining balance by check payable to the above Account Holder, c/o Northern State Bank. The check should be mailed to Northern State Bank, Attn: Customer Service and mailed to the following address:
600 Chestnut St. Virginia, MN 55792.

Please reference account number noted below on the check.

Northern State Bank of Virginia Account Information:

Northern State Bank of Virginia Routing Number: **091214915**

Northern State Bank of Virginia Account Number:

AUTHORIZATION: This request serves as authorization to close the account(s) listed above and remit the balance of the account(s) as designated above. Please cancel any ATM and/or Debit Cards associated with the account as well. If you have any questions regarding this request, please contact me at the mailing address above.

Account Holder Signature:

Date:

Account Holder Signature:

Date