

PROSPECT BANK

NO HITCH SWITCH

Changing banks is a big decision and can be an overwhelming task. We are excited that you have chosen to open an account at Prospect Bank and look forward to serving your financial needs. The No Hitch Switch is a tool to quickly and easily change your accounts from another financial institution to Prospect Bank. This worksheet is intended to help you gather all the information needed before you speak with a customer service representative. Prospect Bank is not responsible for updating payment or direct deposit information or closing your previous account.

The information you will need to collect:

- **Your previous financial institution information**

Your previous financial institution information is needed for you to close your previous account(s).

- **A list of any automated debits (ACH)**

Gather all information on companies that make electronic withdrawals from your account. This includes automatic debits (ACH) or automatic charges to your debit and/or credit card. Common uses of automatic debits include rent/mortgage, utilities, and phone and cable bills. Review your most recent bank statements for these activities.

- **Any Direct Deposits**

List any companies who regularly deposit funds into your account. Some common uses of direct deposit include payroll, taxes, or expense reimbursements. Social Security customers need to call the Social Security Administration at 877-874-6347 or go to <https://godirect.gov/gpw>

- **Your new Prospect Bank account number**

If you don't have an account with Prospect Bank you will need to open one before switching. If you have both a checking account and a savings account you will have the option to select which account your direct deposits, electronic payments, and payroll funds are transferred to.

Electronic Payments (Online Bill Pay)

If you use an online bill pay service at your previous financial institution, be sure to cancel each payee and add them to your Prospect Bank online BillPay. If you have not yet signed up for BillPay, sign up online at bankprospect.com

Questions?

Call our Customer Service Department at 877-465-4154 or stop by any branch and we'll be glad to help.

Once you have gathered the below information, come in and see us,
or open your account online at bankprospect.com!
We will make the switch to Prospect Bank easy and enjoyable.



Previous Financial Institution Information

List your previous financial institution information.

[illegible]

List Your Direct Deposits

List the companies who regularly deposit funds into your account. If this is a joint account with multiple direct deposits, a form will be necessary for each direct deposit.

[illegible]

List Your Automated Debits (ACH)

List all automatic debits from a checking account or savings account or charged to a debit and/or credit card to pay bills, usually regular monthly payments like rent, mortgages, utilities, or membership dues.

[illegible]



NO HITCH SWITCH CHECK LIST

Keep this checklist for your records and for tracking purposes.

1 Open a Prospect Bank Account

Completed

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2 Enroll in Online Banking

Set up your Prospect Bank online banking account by registering at bankprospect.com. Enroll in eStatements, set up Alerts, manage your cards, or send money through Zelle®. Download our app from the App Store to bank from the convenience of your mobile device.

Completed

☐

3 Change Online Bill Payees

If you use the bill pay service at your previous financial institution be sure to cancel each payee and add them to your Prospect Bank BillPay service. If you have not yet signed up for online bill pay, sign up online at bankprospect.com

Completed

☐

4 Transfer Direct Deposits and Automatic Payments

Completed

☐

5 Closure and Notification of Account Change

We recommend that you keep your previous account open for 30-60 days to ensure everything is switched over to Prospect Bank before you request to close it.

Completed

☐

Institution	Account Number	Phone	Date Notified	Date Confirmed

Completed

☐

Completed

☐

Completed

☐

Completed

☐

Completed

☐

Don't forget to destroy

- ☐ Old Checks
- ☐ Debit Cards
- ☐ Deposit Slips

Questions?

Call our Customer Service Line at **877-465-4154** or stop by any branch and we'll be glad to help.

Prospect Bank Operations Center
177 West Wood St Paris, IL 61944
bankprospect.com

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>																			
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
Prefix	Suffix	TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

The image shows a sample of a United States Treasury check. At the top left, it says "United States Treasury" with a small icon of a building. To the right, it says "15-51 000" and "AUSTIN, TEXAS". Below this, there is a date field with "Month Day Year" and the values "08 31 84". To the right of the date is a field for "Check No." with the value "0000 415785". Below the date, there is a field for "Pay to the order of" with a large empty space labeled (A). To the right of this field is a field for "Payable amount" with the value "28 28" and a label (F). To the right of the payable amount field is a field for "DOLLARS CTS" with the value "\$****100 00" and a label (C). At the bottom right, it says "NOT NEGOTIABLE". At the bottom left, there is a small number "00000518" and a small number "041571926".

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.