



**Security**  
**STATE BANK**

IRON RIVER

BRULE

PORT WING

## **Move it!**

***Moving accounts to Security State Bank just got easier.***

Changing financial institutions doesn't have to be difficult. In fact, we'll make the move easy. Just follow the checklist below and start enjoying the Security State Bank difference!

- ✓ Fill out the enclosed forms
  - New Account Application
  - Release of Information
- ✓ Get the forms to us
  - Bring the forms to your local branch. Our Staff can assist you if you have questions about any of the forms.
- ✓ We'll help you from there
  - We'll review the forms to ensure they are completed appropriately.
  - Our New Accounts staff will contact you if we need any further information.
- ✓ Once your account is open, print off the following forms from our website and send to your current financial institution, employer and places you make automatic payments to.
  - Authorization to Close Account
  - Direct Deposit Authorization
  - Automatic Payment Authorization



*Security*  
**STATE BANK**

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## Locations Near You

If you need additional assistance or want more information, please don't hesitate to call or stop by any of our locations.

### **Iron River**

7865 US Hwy 2

PO Box 157

Iron River, WI 54847

715-372-4242

### **Brule**

13967 E US Hwy 2

PO Box 149

Brule, WI 54820

715-372-4842

### **Port Wing**

83325 Washington Ave

PO Box 27

Port Wing, WI 54865

715-774-3331

## Personal New Account Application

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that verifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Type of account applying for:  Checking \_\_\_\_\_  Savings \_\_\_\_\_  
List specific name of account above List specific name of account above

Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Issue & Expiration Date \_\_\_\_\_ State of Issuance \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

How Long? \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Would you like to apply for:  Debit Card  Online Banking  Mobile Banking  Credit Card

E-mail Address \_\_\_\_\_

I agree to receive product information via Email :  Yes  No

Have you had checking/savings accounts at other financial institutions?  Yes  No

If yes, where? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever had a checking /savings acct closed or suspended? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

*I (we) agree that the bank may rely on the accuracy of the above information and is authorized to obtain and/or verify my(our) credit worthiness.*

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_



**Page 2 Personal New Account Application**

*If your account will have a Joint Owner, please fill out this side as well.*

Co-Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Issue & Expiration Date \_\_\_\_\_ State of Issuance \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

How Long? \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Would you like to apply for:  Debit Card  Online Banking  Mobile Banking  Credit Card

E-mail Address \_\_\_\_\_

I agree to receive product information via Email :  Yes  No

Have you had checking/savings accounts at other financial institutions?  Yes  No

If yes, where? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever had a checking /savings acct closed or suspended? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Estimated monthly: Cash deposits/frequency \_\_\_\_\_ / \_\_\_\_\_ Wires (in or out) /frequency \_\_\_\_\_ / \_\_\_\_\_

Source of Opening Funds \_\_\_\_\_ Amount \$ \_\_\_\_\_

*I (we) agree that the bank may rely on the accuracy of the above information and is authorized to obtain and/or verify my(our) credit worthiness.*

Co-Owner Signature \_\_\_\_\_

Date \_\_\_\_\_



## RELEASE OF INFORMATION

*Please read, sign and date the form where indicated. The Release of Information grants permission to obtain necessary information for your new accounts.*

*To Whom it May Concern,*

*I hereby authorize Security State Bank to receive information about my existing account(s). I have recently opened an account with Security State Bank, and I wish to transfer my deposits/debits to this new account. All information provided will be used solely for the purpose of moving deposits/debits to this new account.*

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Owner Signature

Date

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Co-Owner Signature

Date

Your prompt attention to this request is appreciated. Thank you.

PLEASE RESPOND TO:  
SECURITY STATE BANK  
Attn: New Accounts  
PO BOX 157  
IRON RIVER, WI 54847

