

# MAKE THE SWITCH!



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**SWITCH YOUR  
DIRECT DEPOSIT,  
AUTO TRANSACTIONS,  
AND BILL PAYEES**

1

**OPEN YOUR NEW ACCOUNT**


Apply online, visit a branch or call to open your new account.  
Don't know which account you need?  
Speak to our professionals as we compare the accounts that are right for you.


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**CLOSE YOUR OLD  
ACCOUNT WITH  
PREVIOUS FINANCIAL  
INSTITUTION**

## **A Stress-free Move to BHCB**

Our Switch Kit includes all of the necessary forms to help make the process of switching banks easier. You can simply complete the forms and either email them to your representative or drop them off at your local branch.

 Once your account with BHCB is open and you have received your debit card and account materials, enroll in our online banking services to keep track of all of your finances from home, work or on-the-go.

 Don't have time to fill out the forms? There's no need to worry. Our experienced staff are here to fill out the forms for you and send them to the right departments at your previous bank.

 Once you have completed the account closure form and it has been sent in, verify that all of your auto transactions have been switched to your new account and any outstanding checks have been cleared.

## **Direct Deposit Authorization Form**

Use this form to switch your Direct Deposit from your previous bank account to your new BHCB account.

## **Automatic Withdrawal Authorization Form**

Use this form to change your automatic payments from your previous bank account to your new BHCB account.

## **Account Closure Authorization**

Use this form to notify your previous bank that you are closing all of your accounts.

**840 Mt. Rushmore Road  
Rapid City, South Dakota 57701  
(605) 343-2422**

 **info@bhcbank.com**  
 **www.bhcbank.com**

**215 East Jackson Blvd  
Spearfish, South Dakota 57783  
(605) 559-2422**



## Direct Deposit Change Instructions

### Authorization Agreement

I hereby authorize **Black Hills Community Bank** to initiate automatic deposits to my account at the financial institution named below. I also authorize Black Hills Community Bank to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Black Hills Community Bank** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing/debiting funds to and from my account.

### Account Information

Name of Financial Institution: Black Hills Community Bank

Routing Number: 091409733

Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.



## Current Automatic Deposits and Charges

Automatic Deposits	Automatic Charges
Company:	Company:
Company:	Company:
Company:	Company:
Company:	Company:

Please send a check for the remaining balance to my address below.

Signature
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Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Automatic Payment Change Request

### Authorization Agreement

To whom it may concern:

I have recently changed financial institutions. You are currently withdrawing \$\_\_\_\_\_ from the following account(s):

Previous Bank: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Please STOP making withdrawals  
from the above account effective: \_\_\_\_\_

Please BEGIN making withdrawals  
from my account at BHCB  
effective: \_\_\_\_\_

BHCB Routing Number: 091409733  
BHCB Account Number: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_