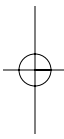
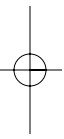


Stillman

BANK



BYRON

608 W. Blackhawk Dr.
(815) 234-5626

OREGON

1445 IL Route 2 N.
(815) 732-7956

ROCHELLE

455 W. HWY 38
(815) 562-7071

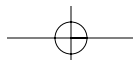
ROCKFORD

8492 E. State St.
(815) 332-8100

STILLMAN VALLEY

101 E. Main Street
(815) 645-2266

www.stillmanbank.com



Stillman Switch Kit

Bank Switch Kit

Switching banks doesn't have to be a hassle. With the *Stillman Switch Kit*, we'll do most of the work for you.

We will give you the tools you need to:

- **Open a new account**
- **Arrange to transfer any automatic payments or direct deposits**
- **Provide your employer with information to switch your direct payroll deposit**

Just follow these easy steps:

Step 1: Tell us about you.

Provide us with information about you and your joint-applicant (if any). This gets the ball rolling for us to open your new Stillman Bank account.

Step 2: Tell us your previous bank information.

This will help us to change your old account over to Stillman.

Step 3: Tell us the accounts and services you would like.

Stillman has a wide variety of services that could benefit you. Please take time to read through our products and services at www.stillmanbank.com or visit one of our offices to get more information.

Step 4: Authorization to close account.

Complete this section to close your old account. This form includes all of the information needed to give us the authority to close your old account. All you have to do is bring this form into any Stillman office and we will take care of mailing the form for you. Please remember to bring in your drivers license and an additional form of identification with you when you come to the office to open your new account.

Other Forms & Information:

Employer Direct Deposit Switch Form

Simply fill this form out, and give it to your employer's Human Resources or Payroll Department so they can change the direct deposit of your paycheck to your new Stillman account. There are three forms attached. If you need more, please feel free to make copies or download more forms from www.stillmanbank.com.

Automatic Transfer Switch Form

Do you make payments automatically from your account each month? Fill out this easy to complete form and bring it with you when you sign up for your new Stillman account. Your friendly Stillman Retail Banker will switch your automatic payment. We will take care of the leg-work for you.

Switch your loan payment source to Stillman.

We understand that you may have loans at other institutions that you may want to keep. This kit will help get you on your way to switching your loan payment source. Your Stillman Retail Banker will help you switch your loan payment using the information you provided in this kit.

*** Please keep these things in mind when you are switching your account:**

Stop using your old account. Allow time for all remaining checks to clear and transactions to post to your old account. You need to bring in the final check in your old check book. Destroy the rest of your old checks, ATM and Debit Cards. Verify that all checks have cleared and automatic withdrawals have been transacted from your old account, and then contact us to officially close your account.

Stillman Switch Kit

Stillman BANK

Fill out this easy to use guide and we'll do the work for you.
Experience the Stillman difference in a matter of minutes!

Step 1: *Tell us about you.*

Applicant

Last Name First Initial

Street Address

City State Zip

Mailing Address

City State Zip

Date of Birth Social Security Number

Home Phone Cell Phone

Employer/Position Work Phone

E-mail Address Mother's Maiden Name

Joint-Applicant (if any)

Last Name First Initial

Street Address

City State Zip

Mailing Address

City State Zip

Date of Birth Social Security Number

Home Phone Cell Phone

Employer/Position Work Phone

E-mail Address Mother's Maiden Name

Signature: (Please read this statement before signing)

All of the information I have given is accurate. I request that the paperwork necessary to open the account(s) indicated on Page 3 be prepared and understand that my signature(s) and opening deposit(s) will be required at a future date. I understand that for my protection, new account applications will be verified by ChexSystems. If more than one person signs below, I understand that this statement applies to both persons.

Signature of Applicant Date

Signature of Joint-Applicant Date

Stillman Switch Kit

Stillman BANK

Step 2: Tell us your previous bank information

Bank Name & Address

Routing / ABA Number (located on the bottom left hand corner of your check)

Checking Account Number

Savings Account Number

Debit Card Number

**Switch your loan payment source to Stillman.*

Do you have a loan at another bank or institution and want to maintain that loan, but have it paid from your Stillman account? Your friendly Stillman Retail Banker can help you with that paperwork. Please disclose that information when you bring your *Stillman Switch Kit* into any of our Stillman offices.

Step 3: Tell us the accounts and services you would like.

- | | |
|--|---|
| <input type="checkbox"/> Stillman Free Checking* | <input type="checkbox"/> Statement Savings Account |
| <input type="checkbox"/> Stillman Personal Checking* | <input type="checkbox"/> High Yield Investment Account |
| <input type="checkbox"/> Stillman Checking Plus* | <input type="checkbox"/> Stillman Online |
| <input type="checkbox"/> Stillman Premier Checking* | <input type="checkbox"/> ATM Card or <input type="checkbox"/> Check Card^: |
| <input type="checkbox"/> Stillman Investor Checking* | <input type="checkbox"/> Applicant <input type="checkbox"/> Joint Applicant |

* We will pay for your first box of checks (up to a \$25.00 value). They must be in the same style of your previous checks (150 to a box).

^Check Card is subject to approval



Stillman Switch Kit



Step 4: *Authorization to close account.*

To close out your account(s) at your current bank, please complete this Authorization to Close Account form for each account, making copies of the form as necessary. Bring the completed form(s) in when you set up your Stillman account, your friendly Stillman Retail Banker will mail it to your old bank for you. Please remember to bring in your drivers license and an additional form of identification with you when you come to the office.

Please close my account at:

Name of Financial Institution

Account Number

Effective Date for the Account Closing

Name on Account

Social Security Number

Secondary Name on Account

Account Number

Effective Date for the Account Closing

Name on Account

Social Security Number

Secondary Name on Account

Account Number

Effective Date for the Account Closing

Name on Account

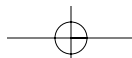
Social Security Number

Secondary Name on Account

Please send a check payable to me/us for the remaining balance in the above described account(s) to the address on file.

Signature(s)

Date





Stillman Switch Kit



Employer Direct Deposit Switch Form

(Please give this completed form to your employer's Human Resources or Payroll Department. A voided check may be required)

Employee Name: _____ Social Security No: _____

I authorize (company name) _____ to automatically deposit my

net pay each pay period to my: Stillman Checking Account # _____

Stillman Savings Account # _____

Stillman BancCorp N.A. Routing Number: **0719-1604-2**

Employee Signature: _____ Date: _____

Stillman Switch Kit



Employer Direct Deposit Switch Form

(Please give this completed form to your employer's Human Resources or Payroll Department. A voided check may be required)

Employee Name: _____ Social Security No: _____

I authorize (company name) _____ to automatically deposit my

net pay each pay period to my: Stillman Checking Account # _____

Stillman Savings Account # _____

Stillman BancCorp N.A. Routing Number: **0719-1604-2**

Employee Signature: _____ Date: _____

Stillman Switch Kit



Employer Direct Deposit Switch Form

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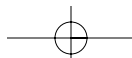
I authorize (company name) _____ to automatically deposit my

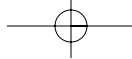
net pay each pay period to my: Stillman Checking Account # _____

Stillman Savings Account # _____

Stillman BancCorp N.A. Routing Number: **0719-1604-2**

Employee Signature: _____ Date: _____





Stillman Switch Kit



Automatic Transfer Switch Form

Stillman BancCorp N.A. Routing Number: **0719-1604-2**

(Please verify with Company if a voided check is required.)

Name: _____ Address: _____

City/State/Zip: _____

Company: _____ Acct #: _____ Phone: _____

Address: _____ City/State/Zip: _____

I have a new checking account with Stillman BancCorp NA and ask that you change my next automatic payment withdrawal to my Stillman Checking Account. I authorize you to make automatic payment withdrawals, as per original agreement, from my Stillman Checking Account # _____

Signature: _____ Date: _____

Stillman Switch Kit



Automatic Transfer Switch Form

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Stillman Switch Kit



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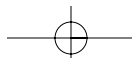
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Stillman Switch Kit



Automatic Transfer Switch Form

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Stillman Switch Kit



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