

Are you interested in switching your accounts to Round Top State Bank? Not sure how to get started? We're here to help! We've developed the RTSB **Join Our Family Guide** to help make your transition to a new Round Top State Bank account as simple as possible. Just follow the steps to get started.

Step 1:	Complete our New Account Information Form and visit one of our branches with your form and your identification. We will determine which account best fits your needs. You will sign the signature card, make a deposit and receive a debit card and/or checks. See our Guide to Personal New Account Requirements for a list of acceptable identification and other New Account Requirements.
Step 2:	Complete a Direct Deposit Request Form to send to your employer and other depositors to notify them of your new account information.
Step 3:	Transfer any automatic payments and debits to your new account. Use your previous bank statements to identify any recurring payments you make by ACH, Debit Card and Automatic transfer to make a list of who you will need to notify. The Automatic Payment Change Instructions will make this an easy step for you. If the merchant requires paperwork for this change, you can use our Automatic Payment Request Form to make that change.
Step 4:	If you use Online Bill Pay and have payments set up, you can gather information on those payees from your former bank's website in order to set up with your new account's Bill Pay. Make this step simple by using the Online Bill Pay Form .
Step 5:	Close your previous account when you are sure that all outstanding items have cleared, and your Direct Deposits and Automatic Payments have been deposited correctly into your new account. Take or mail the Account Closing Request Form to your previous bank or give them a call to arrange the closing transaction.

If we can be of any assistance throughout this transition, please call a New Accounts Representative at a location near you.

Thank you for choosing to "Join Our Family" at Round Top State Bank.



New Account Information Form

Individual Account

(Complete this section for an individual account.)

Customer Name		DOB		
Physical Address				
Home #	Work #	Cell #		
Email Address				
Occupation		Employer		
Social Security / ITIN #				
Type of ID		ID#		
Issue Date	Expiration Date		State/Country Issued	
The information stated a	bove is true and correct to	the best of my kno	owledge.	
Customer Signature			Date	
	_			
		t Account		
	· -	ction for an addition		
Customer Name			DOB	
Physical Address				
Mailing Address				
City		State	Zip	
Home #	Work #		Cell #	
Email Address				
Social Security / ITIN #				
Type of ID		ID#		
Issue Date	Expiration Date		State/Country Issued	
The information stated a	above is true and correct to	the best of my kno	owledge.	
Customer Signature			Date	



Guide to Personal New Account Requirements

Identification

Any one of the following non-expired identification types are acceptable.

Texas Driver License

⊘ Other State License

Passport or Visa

Military ID

*If address on ID is outdated, please provide a current utility bill with correct address.

Personal Information

This information is collected on the **New Account Information Form**.

Full Name

Physical Address

Social Security
Number or ITIN

Mailing Address

S Employer Name

Ø Home Number

⊘ Occupation

(If retired list occupation retired from)

Cell Number

⊘ Email

Beneficiary Information

This is only required if you are listing a Pay on Death Beneficiary on the account.

Name

Relationship

Member FDIC



Direct Deposit Request Form

To Whom It May Co	oncern
RE: Change my Di	rect Deposit
Name on Account:	
Address:	
Phone Number:	
•	anged financial institutions and would like to eposit information. Please send all future direct ant listed below.
Account Number:	
Bank Name:	Round Top State Bank
ABA Number:	113114896
If you have any que provided above.	estions, please contact me at the phone number
Sincerely,	
_	Account Owner Signature Date



Automatic Payment Change Instructions

Automatic Payments

Use your previous bank statements and this checklist to help you identify the automatic payments and debits you need to switch to your new account.

Payment	Company	Account #	Amount	Date of Payment
Mortgage/Rent				
Auto Loans				
Insurance				
Electric				
Telephone				
Cable/TV				
Cell Phone				
Gas/Oil				
Water				
Internet Provider				
Credit Cards				
Daycare/School				

Call and notify each merchant with your new account information. You may be able to make changes to your accounts online. If the merchant requires paperwork for this change, you can use our **Automatic Payment Request Form.**

Member FDIC



Automatic Payment Request Form

To Whom It May Concern **RE: Change My Automatic Payments to a New Account** Name on Account: **Address: Phone Number:** I have recently changed financial institutions and would like to update my automatic payment information. Please discontinue my current debit instructions and begin utilizing for all future payments. **Account Type: Account Number: Round Top State Bank Bank Name:** 113114896 **ABA Number:** If you have any questions, please contact me at the phone number provided above. Sincerely, Account Owner Signature Date



Online Bill Pay Form

Enroll into our free "Online Bill Pay" through your online banking account. Log in and familiarize yourself with our online banking site and bill pay system.

Visit your former bank's bill pay system to record all accounts that you have set up for payments and use our simple **Online Bill Pay Form** to list the company name, mailing address, and account number(s).

Online Bill Pay Accounts

Company:	Account Number:	
Mailing Address:		
Company:		
Mailing Address:		
	Account Number:	
Mailing Address:		
Company:		
Mailing Address:		
	Account Number:	
Mailing Address:		
	Account Number:	
Mailing Address:		
	Account Number:	
Mailing Address:		
Company:		
Mailing Address:		

The companies you pay could differ on how payments are accepted. Some payments may be in the form of a paper check which is mailed by our online bill pay system or payments may be electronically processed.



Account Closing Request Form

To Whom It May Co	ncei	rn:		
RE: Closing Accoun	t Nu	mber		
\Box Check	ing	□Savings	\square Other	
Name(s) on Accoun	ı t:			
Address:				
Phone Number:				
Please accept this le with your institution.		as my authoriz	zation to clos	se my account
Please send a check i any interest to my att		•		ance including
Thank you for your please contact me at t	-	-	· ·	• -
Sincerely,				
-	Accou	 nt Owner Signature	 }	Date