

Switch to Northstar Bank in 3 easy steps!

1. Open your new Northstar Bank checking account.
2. Redirect your direct deposits and automatic payments/transfers.
3. Close your old account.



The following forms will help you simplify your switch to Northstar Bank.

New Account Information

Instructions: Complete this form and bring it to your nearest Northstar Bank branch along with your identification. Please do NOT email forms containing personal information. Save a copy for yourself.

Individual Account Joint Account

Primary Applicant Name:

Date of Birth:

Home Address:

Social Security #:

City:

State:

Zip:

Mailing Address (if different than home):

Home Phone:

Work Phone:

Cell Phone:

Employer:

Occupation:

Email:

Drivers License or ID #:

Issue Date:

Expiration Date:

Signature: _____

Joint/Secondary Applicant Name:

Date of Birth:

Home Address:

Social Security #:

City:

State:

Zip:

Mailing Address (if different than home):

Home Phone:

Work Phone:

Cell Phone:

Employer:

Occupation:

Email:

Drivers License or ID #:

Issue Date:

Expiration Date:

Signature: _____

Automatic Payment Change Form

Instructions: Complete, sign and date this form and submit a copy to each company/payee that is currently authorized to make withdrawals from your account. (ex: loan payment, insurance payment, etc.)

To: _____ From: _____
Subject: **Automatic Payment Change** For My Account Number: _____

Please accept this memo as notification that I have established a new checking or savings account with Northstar Bank. Currently you are authorized to receive automatic payments from my existing account, which I am closing. For this reason, I am authorizing you to establish automatic payments from my new Northstar Bank account. Listed below are the relevant account and routing numbers needed for you to establish automatic payments from my new Northstar Bank account.

Northstar Bank Account #: _____ Northstar Bank Routing #: 072414064 Checking Savings

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Northstar Bank's Branch Phone: (989) 269-8077 Branch Fax: (989) 269-8277

If this form is not sufficient to establish automatic payments from my new checking account, please contact me and send me a copy of your required form for my signature.

Direct Deposit Change Form

Instructions: Complete, sign and date this form and submit a copy to each company/organization that you wish to establish or change direct deposits for your account. (ex: payroll, dividends, pensions, etc.)

To: _____ From: _____
Subject: **Direct Deposit Change** For My Account Number: _____

Please accept this memo as notification that I have established a new checking or savings account with Northstar Bank. Currently you are authorized to deposit directly into my existing account, which I am closing. For this reason, I am authorizing you to establish direct deposits to my new Northstar Bank account. Listed below are the relevant account and routing numbers needed for you to establish direct deposits from my new Northstar Bank account.

Northstar Bank Account #: _____ Northstar Bank Routing #: 072414064 Checking Savings

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Northstar Bank's Branch Phone: (989) 269-8077 Branch Fax: (989) 269-8277

If this form is not sufficient to establish direct deposits to my new checking account, please contact me and send me a copy of your required form for my signature.

Authorization to Close Account

Instructions: Complete this form and bring it to your nearest Northstar Bank branch in order for us to assist you with the closing process. Please allow time for all checks to clear and automatic payments/direct deposits to successfully process through your new account.

Date:

To Financial Institution Name:

Address: City: State: Zip:

Please close my account number: and forward all remaining funds by check to:

Your Name:

Address: City: State: Zip:

Signature:

Name (Printed):

Joint Owner Signature:

Joint Owner (Printed):

Joint Owner Address: City: State: Zip: