



Welcome to Marion State Bank!

Making the change to Marion State Bank could not be any easier. This Quik Switch Kit will assist you with the process. All you will need to do is to follow these simple instructions.

Step 1: Print out this packet and complete the Account Information Sheet.

Step 2: If you want to authorize a direct deposit or automatic payment, we need the appropriate depositor or payee information. To make this an easy change, please use our request letter(s).

Step 3: Bring the Quik Switch packet with your driver's license or state-issued ID by any Marion State Bank branch.

If you have any questions, please contact us at one of our three branches.

Marion Branch (318) 292-4571
Farmerville Branch (318) 368-4571
Sterlington Branch (318) 665-4571



ACCOUNT INFORMATION

Individual Account Joint Account

Primary Account Holder Info

Name of Primary Account Holder: _____

Street Address : _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Expiration Date: _____

Employer: _____ Position/Title: _____

Security Code: _____ Email Address: _____

Phone # (Home): _____ (Work): _____ (Cell): _____

Signature: _____

Joint Account Holder Info

Name of Joint Account Holder: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Expiration Date: _____

Employer: _____ Position/Title: _____

Security Code: _____ Email Address: _____

Phone # (Home): _____ (Work): _____ (Cell): _____

Signature: _____



PAYROLL DEPOSIT LETTER

Company Name: _____

Company Address: _____

RE: Switching My Payroll Direct Deposit to a New Account

I have recently changed banks and would like to have my direct deposit changed to my new account.

Please discontinue my current direct deposit and begin making direct deposit(s) into my new Marion State Bank account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature
(Original signature authorized to make change)

Date

DIRECT DEPOSIT INFORMATION

Name: _____ Phone: _____

Address: _____

Old Bank Name: _____ Old Routing #: _____

Old Account #: _____

Amount of Deposit(s): _____ Date of Deposit(s): _____

New Bank Name: Marion State Bank New Routing #: 111102075

New Account #: _____



AUTOMATIC PAYMENTS LETTER

Company Name: _____

Company Address: _____

RE: Switching My Automatic Payment

I have recently changed banks and would like to have my automatic payments with your company changed to my new account.

Please discontinue debiting the below account and begin making automatic withdrawals from my new Marion State Bank account.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature
(Original signature authorized to make change)

Date

AUTOMATIC PAYMENT INFORMATION

Name: _____ Phone: _____

Address: _____

Old Bank Name: _____ Old Routing #: _____

Old Account #: _____

Payment Reason: _____

Payment Amount: _____ Payment Date: _____

New Bank Name: Marion State Bank New Routing #: 111102075

New Account #: _____



ACCOUNT CLOSING LETTER

Bank Name: _____

Bank Address: _____

RE: Closing My Accounts

This letter is to inform you I am closing my account(s) at your bank. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature
(Original signature authorized to make change)

Date

ACCOUNT CLOSING INFORMATION

Name: _____ Phone: _____

Address: _____

Checking Account Number(s): _____

Savings Account Number(s): _____