

Astra Bank Switch Kit

Welcome to Astra Bank



Astra Bank Switch Kit

Thank you for choosing Astra Bank. Our Astra Bank Switch Kit is designed to assist you with transitioning your account by following the five easy steps below. Astra Bank is also dedicated to helping you by providing a Personal Banker that can help you fill out all required forms.

Simply Follow the 5 Easy Steps

Step 1: Meet with one of our Personal Bankers and select the correct account that meets your needs.

- Astra Bank has a variety of accounts to choose from that will best suit your needs.

Step 2: Redirect your direct deposit.

- Fill out the attached Direct Deposit Authorization Form to have your direct deposits automatically deposited into your new Astra Bank account. If you have Social Security direct deposited, please let us know at account opening so that we may assist you with the change.

Step 3: Transfer or setup automatic payments.

- Notify vendors for those payments such as utility bills, car payments and phone bills of your new account with Astra Bank by filling out the Automatic Transfer Authorization Form.
- You can set up automatic payments with Astra Bank by filling out the Automatic Payment Authorization Form.
- You can set up payment with Astra Banks free bill pay.

Step 4: Enroll in Astra Bank on-line banking and bill pay services.

- Enjoy all the benefits Astra Bank has to offer by enrolling in our on-line banking and our bill pay services. Simply log into www.Astra.Bank and sign up for online banking and online bill pay.

Step 5: Close your old account.

- Once all your checks and transaction have cleared and your direct deposits are being credited to Astra Bank, close your old account by filling out the Notice of Request to Close Account Form.

Please check out the list of services below that may help you and your family meet all your financial needs.

- Astra Investments: Rusty Lovett (785) 263-1112
- Residential Real Estate: Contact your local branch and speak to a RRE Loan Officer
- CD's and IRA's: Contact your local branch and speak to a Personal Banker
- Agribusiness/Commercial Loans: Contact your local branch and speak with a Loan Officer



Astra Bank Switch Kit

Automatic Payment Checklist

	Bill Type	Name of Company
<input type="checkbox"/>	Mortgage/Rent	
		Name of Company
<input type="checkbox"/>	Home/Renters Insurance	
		Name of Company
<input type="checkbox"/>	Electric Company	
		Name of Company
<input type="checkbox"/>	Gas Company	
		Name of Company
<input type="checkbox"/>	Water Company	
		Name of Company
<input type="checkbox"/>	Telephone Company	
		Name of Company
<input type="checkbox"/>	Cellular Service	
		Name of Company
<input type="checkbox"/>	Cable Company	
		Name of Company
<input type="checkbox"/>	Internet Service	
		Name of Company
<input type="checkbox"/>	Hulu	
		Name of Company
<input type="checkbox"/>	Netflix	
		Name of Company
<input type="checkbox"/>	Car Loan	



Astra Bank Switch Kit

Automatic Payment Checklist

	Bill Type	Name of Company
<input type="checkbox"/>	Car Insurance	
		Name of Company
<input type="checkbox"/>	Health Insurance	
		Name of Company
<input type="checkbox"/>	Life Insurance	
		Name of Company
<input type="checkbox"/>	Health Club	
		Name of Company
<input type="checkbox"/>	Credit Card 1	
		Name of Company
<input type="checkbox"/>	Credit Card 2	
		Name of Company
<input type="checkbox"/>	Credit Card 3	
		Name of Company
<input type="checkbox"/>	Store Credit Card 1	
		Name of Company
<input type="checkbox"/>	Store Credit Card 2	
		Name of Company
<input type="checkbox"/>	Store Credit Card 3	
		Name of Company
<input type="checkbox"/>	Misc Loan	
		Name of Company
<input type="checkbox"/>	Other	

Astra Bank Switch Kit

Direct Deposit Authorization Form

_____ Last Name	_____ First Name	_____ Social Security Number
_____ Street Address	_____ City	_____ State
_____ Zip Code	_____ Work Phone	_____ Home Phone

Employer Information

_____ Name of Employer	_____ Phone Number	_____ Employee ID or Department
---------------------------	-----------------------	------------------------------------

Previous Bank Information

_____ Bank Name	_____ Routing Number	_____ Account Number
--------------------	-------------------------	-------------------------

Astra Bank Information

Type of Account:

_____ Checking Account Number	_____ Savings Account Number	_____ 101102344 Astra Bank Routing Number
----------------------------------	---------------------------------	---

- *Complete this form for EACH company who direct deposits funds into your account*
- *Your Personal Banker will happily assist you in changing your Social Security direct deposit*
- *Keep copies of all completed forms for your record*

By signing below, I authorize the above named employer to initiate deposits to my Astra Bank account listed above and I authorize Astra Bank to accept such deposits. I understand that this authorization replaces previous authorizations and will remain in effect until I send written notice of change or cancellation to the above named company.

_____ Signature	_____ Date
--------------------	---------------



Astra Bank Switch Kit Automatic Payment Authorization

_____ Last Name	_____ First Name	_____ Social Security Number
_____ Street Address	_____ City	_____ State
_____ Zip Code	_____ Work Phone	_____ Home Phone

Auto-Payment Information

_____ Company Name	_____ Phone Number	
_____ City	_____ State	_____ Zip Code
_____ Amount	_____ Frequency	_____ Account Number to be Credited

Astra Bank Information

Type of Account:

_____ Checking Account Number	_____ Savings Account Number	_____ 101102344 Astra Bank Routing Number
----------------------------------	---------------------------------	---

- *Complete this form for EACH company who debits your account for automatic payments*
- *Keep copies of all completed forms for your record*

By signing below, I authorize automatic payment/draft from my new checking/savings account at Astra Bank.

_____ Signature	_____ Date
--------------------	---------------



Astra Bank Switch Kit Automatic Transfer Authorization

ATTENTION: ACCOUNTS RECEIVABLE/ACCOUNTING

Switching Automatic Payments for Account: _____
Biller Account Number

Company Name Date

Street Address City State

Zip Code

To whom it may concern:

The bank account currently used for my automatic payment is no longer active. Please change my automatic payment to the bank account listed below:

Astra Bank Home Office Bank Routing Number: _____ 101102344
207 Eagle Drive
Abilene, KS 67410 Bank Account Number: _____
785-263-1112

For questions regarding this request, please contact me at the number listed below.

Signature

Name Work Phone Home Phone

Street Address City State

Zip Code

Company Date



Astra Bank
Switch Kit
Notice of Request to Close Account

To: _____

From: _____

Please close the accounts noted below and forward the balance and accrued interest to me at the address listed above as soon as possible.

<u>Types of Account</u>	<u>Account Holder</u>
Checking	_____
Checking	_____
Checking	_____
Savings	_____
Savings	_____
Other (Specify)	_____
Other (Specify)	_____

I AUTHORIZE THE CLOSURE OF MY CHECKING/SAVINGS ACCOUNT(S). ALL CHECKS HAVE CLEARED THE ACCOUNT(S) TO BE CLOSED AND ALL DIRECT DEPOSIT AND AUTOMATIC PAYMENTS HAVE BEEN STOPPED.

Signature of Account Holder

Date

Signature of Secondary Account Holder (if required)

Date

NOTE: Some financial institutions may require their own form.

